



Dub Request Form

I would like to request a copy of the following program:

Title of Program/Affiliated Organization (if any) _____

VHS[] DVD[] _____ - _____

Date Program Was Taped _____ **Dub Format** _____ ECMC Tape Number _____

The program, or any part thereof, may not be duplicated without the express written consent of the producer(s). The producer(s) shall retain copyright to the program contained on this copy.

FEES FOR TAPE DUPLICATION:

_____ \$15.00 when blank VHS tape or DVD disc is provided by the requester.

_____ \$20.00 when recorded on media provided by ECMC.

*ECMC provides DVD-R Discs when requested.

*Not all DVD copies will be compatible with at home players.

REQUESTER INFORMATION

NAME _____

ADDRESS _____

TELEPHONE _____

SIGNATURE OF REQUESTER _____

- Dub requests must be submitted to staff member on duty.
- Completion of dubs are dependent on staff and equipment availability.
- Dubs are generally ready within 2 weeks of the initial request.
- Call (847) 869-2510 prior to dub pick-up.
- ECMC will not be responsible for dubs that are not picked up within 90 days of dub completion.

FOR OFFICE USE ONLY (do not write in this area)

Total Cost _____ PC ___ Paid ___ Due at Pickup ___

Check # _____ Cash _____

Received By _____ Date _____

Completed By _____ Date _____

Pick-up Staff _____ Date _____