



Program Dub Request Form

Section #1								
Section #1								
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Address:								
Organization:								
Phone #:			Today's Date:					
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Program Title:								
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Program Title:								
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Section #3								
Total Amount Pa	\$	\$		Check #:		Cash:		
Date Completed:								
Completed by:								
		"						
Section #4								
I understand that the duplicate copy I am purchasing is for my private use only. It is not to be re-distributed, edited for either audio or video, nor placed on the World Wide Web in accordance to the copyright laws of the United States.								
Signature:								
Today's Date:								

Dubs must be picked up within 30 days of their completion, or they may be recycled. Please make checks payable to Quincy Telecommunications Corporation.

