



Community Television Network PROGRAM DUPLICATION REQUEST

Form accepted by: _____ Date _____

Name: _____ Email: _____

Address: _____ Zip: _____ Cell: _____ H: _____

Organization _____

Address: _____ Zip: _____ Ph: _____

PROGRAM TITLE: _____

Program Date: _____ Episode #: _____ Length: _____

Do you intend to publicly screen or telecast this program? Yes No

If yes, CTN policy requires that permission be requested in writing indicating how the program will be used and confirming that it is for non-profit purposes only. Letter Attached

No portion of the duplicated program may be used, telecast, or otherwise shown without the expressed written consent of CTN.

Signature: _____ Date: _____

FEE: \$10 per DVD QUANTITY: _____ (3 Max)

<input type="checkbox"/> TOTAL PAID: \$ _____ Staff: _____

PAYMENT: Cash Check Visa Master Card Discover

1. CTN will only make copies of City of Ann Arbor meetings and programs produced by CTN.
2. Duplication requests will be processed within seven business days. CTN will call you to confirm that your DVD copy is ready for pick-up.
3. CTN does not accept responsibility for DVDs left at CTN. DVDs left beyond 30 days will be recycled WITHOUT REFUND.

STAFF: Date Completed: _____ Technician: _____ Pick-up Date: _____ Staff: _____ REVISED 6/4/10
