

# Educational Technology Services VIDEO & MULTIMEDIA REQUEST

PLEASE PRINT INFORMATION

Requested By		Telephone 1 (   )
School/Centre/Unit		Telephone 2 (   )
Authorising Signature		Facsimile (   )
I declare that the material submitted to Education Technology Services for reproduction will not infringe copyright. Signature .....		Email
Date submitted	Date required	Client's job no: (if applicable)

OFFICE USE ONLY	
Job no:	V
Job title/description:	..... ..... ..... .....
Quote no:	
Job taken in by:	
Job tasked to:	

PURPOSE	SUPPLIED BY CLIENT	PREVIOUS RELATED JOB
<input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Admin <input type="checkbox"/> Public Relations <input type="checkbox"/> Thesis <input type="checkbox"/> Commercial <input type="checkbox"/> Other .....	<input type="checkbox"/> Disk ..... <input type="checkbox"/> Photos ..... <input type="checkbox"/> Videos ..... <input type="checkbox"/> Other .....	Job no ..... Date ..... Master file no. .... Other known details ..... .....

SERVICE REQUIRED		
<input type="checkbox"/> Video Production	<input type="checkbox"/> Dubbing	<input type="checkbox"/> Multi Media

JOB COMPLETION	
Date completed:	
Date client notified:	
Collected by:	
Name:	
Signature:	..... .....
Date:	
Invoice no:	
Invoice amount:	
Date paid:	
Master file no:	
Archive hard copy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VIDEO PRODUCTION	
Title .....	Details .....
Duration .....	
No. Copies .....	

VIDEO DUBBING		
<b>Source Format</b> <input type="checkbox"/> SP Betacam <input type="checkbox"/> VHS <input type="checkbox"/> DVCAM <input type="checkbox"/> Digital <input type="checkbox"/> BVU	<b>Source Format</b> <input type="checkbox"/> SP Betacam <input type="checkbox"/> DVD <input type="checkbox"/> VHS <input type="checkbox"/> DVCAM <input type="checkbox"/> Other .....	No. Originals ..... No. Copies of Each ..... Total No. of Copies ..... <b>Audio</b> <input type="checkbox"/> Mono <input type="checkbox"/> Stereo
<i>Details concerning length of tape to be duplicated must be clearly indicated on original to be copied, including start/stop location points.</i>		

VIDEO CONFERENCING		
Date .....	<b>Rate</b> <input type="checkbox"/> 128kb <input type="checkbox"/> 256 kb <input type="checkbox"/> 384 kb	Details .....
Time .....	Record Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location .....	Format .....	
Duration .....	No. Copies .....	

SPECIAL INSTRUCTIONS	
..... ..... ..... ..... ..... ..... .....	