

Request Form -Personal or Library Use-

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Date of Request:	
Name:	
Company / Institution Name:	
Work Phone:	Home Phone:
Email:	Fax:
Delivery Address:	Billing Address:
Description:	
Presenter:	
Price: shipping and tax, (if applicable.)	
Method of Delivery:	
Fed EX / AIR: _____ (delivered next business day) Priority Mail: _____ (2 day delivery) Price based on location of delivery.	
Preferred Format:	
_____ Streaming Video (Requires Microsoft Windows Media Player & internet connection greater than 56 KBPS, preferably 250 KBPS.) _____ CD ROM (Requires CD ROM drive and Microsoft Windows Media Player.) _____ Videotapes	
Method of Payment:	
_____ Personal check or Money Order _____ Invoice Company	