

4 Collins Avenue Plymouth, MA 02360 508-830-6999 508-830-9666 (fax) www.pactv.org

DUB ORDER FORM

Date:					
Name:					
Address:					
Γelephone #: Day Evening					
Program Information: Please	describe the progr	am in a clear a	nd concise manner.		
Program Title:					
Brief Description of Program:					
********	******	*****	*******	*****	*****
Dub Charge - per copy		rges	# of Copies		Total \$
Shipping & Handling (if applicable)	\$ 5				\$
DVD	\$10				\$
			Total	l Cost	\$
(Example: for 2 DVDs, it would oft \$40)	cost \$20 for the a	lub charge (\$1	0 per copy) and \$20 for	· the 2 DV	VDs for a total
Special Instruction:					
Please note: Due to demand	on dub orders, ple	ease allow thre	e (3) weeks for complete	tion of yo	our order
	FOR O	FFICE USE O	NLY		
Payment type: CASH	CHECK	CHECK #_	RECEII	PT #	
Date Received:		Received by	y:		
Dub Completed:		Initials:			