

CCIU Media Request Form

Orders must be submitted **one week** prior to date needed. Please be sure to **COMPLETE THE ENTIRE FORM!**

Name: _____ Today's Date: _____

Check the box that applies to you: I work for CCIU. I work for a school. I work for CCIU in a school.

Who is paying (School/CCIU Department/Self): _____ **(Required)**

Contact Phone: _____ Contact Email: _____

Delivery Information:

Delivery Method: Delivery (Courier Route Schools only) Pick Up

School: _____ District: _____

Media Information:

Originals: _____ # of each: _____ Label: Yes, \$0.50 Label Title: _____

Media Conversion: Tape to DVD SD Card to DVD \$14.95 initial setup and conversion

Duplication: VHS \$3.00 CD \$2.00 DVD \$4.00 Materials Provided Per Copy

I understand that unclaimed items will be shipped to participating school districts after two weeks; otherwise unclaimed items will be donated after one month. To the best of my knowledge, I have permission to bill my district. If the district denies the expense, I understand that it is my responsibility to cover the cost. Digital Reproductions: To the best of my knowledge, the original may be rightfully duplicated.

Signature: _____

Completed By: _____ **Completed Date:** _____

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