Salem Access Television
Dubbing Request Form

Name:__________________________________________________
Address:________________________________________________
Phone:__________________________________________________
Program Title:____________________________________________
Date of Request:__________________________________________
# of Dubs:_______________________________________________
Media Type (VHS, DVD...):________________________________

<table>
<thead>
<tr>
<th>Media</th>
<th>Customer Provided</th>
<th>SATV Provided</th>
<th>Shipping</th>
<th>Five or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVD</td>
<td>$8.00</td>
<td>$10.00</td>
<td>$5. minimum</td>
<td>$5. each or $8. each</td>
</tr>
<tr>
<td>VHS</td>
<td>$8.00</td>
<td>$10.00</td>
<td>$5. minimum</td>
<td>$5. each or $8. each</td>
</tr>
</tbody>
</table>

Office Use Only

Amount Paid/ Due:__________________________________________
Copy Completed   Initials_______Date__________________________

Salem Access Television 285 Derby Street Salem, MA 01970 (Voice) 978-740-9432 (Fax) 978-740-4499