

VIDEO ORDER FORM (for up to 3 attorneys)

Date: _____ Reporter: _____ Job No.: _____

Style: _____ Videographer: _____

Witness1: _____ Witness2: _____ Witness3: _____

***** PLEASE LIST AN ATTORNEY FROM EACH FIRM, INCLUDING NON-ORDERING ONES! *****

Name: _____ Ordering Attorney	<input type="checkbox"/> My Usual Format / Whatever I Got Last Time
Firm: _____	<input type="checkbox"/> Standard DVD
Address: _____	<input type="checkbox"/> MPEG-1 <input type="checkbox"/> MPEG-1 synchronized – Sanction / Trial Director / Visionary Summation / Livenote
Phone: _____	<input type="checkbox"/> Hi Definition MPEG-4
Signature: _____	<input type="checkbox"/> I don't know the correct format – contact _____ at _____

Name: _____ Copy Attorney	<input type="checkbox"/> No Copy for now
Firm: _____	<input type="checkbox"/> Standard DVD
Address: _____	<input type="checkbox"/> MPEG-1 <input type="checkbox"/> MPEG-1 synchronized – Sanction / Trial Director / Visionary Summation / Livenote
Phone: _____	<input type="checkbox"/> Hi Definition MPEG-4
Signature: _____	<input type="checkbox"/> I want a copy, but don't know the format -- contact _____ at _____

Name: _____ Copy Attorney	<input type="checkbox"/> No Copy for now
Firm: _____	<input type="checkbox"/> Standard DVD
Address: _____	<input type="checkbox"/> MPEG-1 <input type="checkbox"/> MPEG-1 synchronized – Sanction / Trial Director / Visionary Summation / Livenote
Phone: _____	<input type="checkbox"/> Hi Definition MPEG-4
Signature: _____	<input type="checkbox"/> I want a copy, but don't know the format -- contact _____ at _____