

MyMovieTransfer.com Order form for 35mm Medical Film Transfer

Please print & complete this order form. Return it along with your film & check to:

Payment by check is highly appreciated & helps us keep prices low.

Debenham Media Group 416 Mill St. Coraopolis, PA 15108

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____

Part 1: Film Transfer (for medical films up to 5 minutes in length)

The first film is \$145, each additional film is \$50

I have _____ reels of 35mm medical film for a total transfer charge of:----- \$ _____

Example: I have 2 reels of 35mm medical film. \$145 + \$50 = \$195.

Optional: Second pass film cleaning (any size order) add \$20 ----- \$ _____

Second pass film cleaning removes an additional 10-15% of surface dirt from film before scanning.

Part 2: Recording Media

I need _____ DVDs at \$10 each ----- \$ _____

I need _____ MiniDV master tapes at \$10 each ----- \$ _____

I need _____ 160GB USB – ESATA portable hard drive at \$135 each ----- \$ _____

Choose Hard Drive File format: .avi for PC .mov for Mac

Clients may supply an EXTERNAL hard drive & pay a \$50 data loading charge per drive, data reliability on client supplied drives is the sole responsibility of the client. All clients are very strongly urged to back up the data on the hard drive upon receipt of the hard drive.

Part 3: Return shipping

Flat rate return shipping is just ----- \$15.00

Sent by FedEx Ground with delivery tracking number. Or by USPS for Alaska, Hawaii and Canada.

Send Signature required, Add ----- \$ 7.50

Your transfer will not be left unless someone is available to sign for the delivery.

ESTIMATED ORDER TOTAL ----- \$ _____

I have read & agree to the Terms & Conditions.

I own the images on this film or am authorized by the copyright holder to duplicate this film.

Signed _____ Date _____

If paying by Visa or MasterCard, please print the following information clearly.

Name on card _____ Card # _____

Expires _____ Security code _____

If billing address is different than address above, please enter it below.

Billing address _____ City _____ State _____ Zip _____

Please Make Checks payable to DMG. PA residents must add 7% Sales tax. Please number your film reels in ascending order. We will transfer the film in the order that you have prescribed. Questions? Call 1-800-865-7172