

**MyMovieTransfer.com Order Form for 35mm Medical 1080p 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 Street 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:----- \$ \_\_\_\_\_  
*For example: I have 3 reels of 35mm Medical Film. \$145 + \$50 + \$50 = \$245.00*

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 \$20 each -----\$ \_\_\_\_\_  
I need \_\_\_\_\_ Blu-ray Discs at \$35 each -----\$ \_\_\_\_\_

*Recording to USB portable hard drive is strongly recommended. 320GB Drive: \$135, 500GB Drive: \$175, 1TB Drive: \$210  
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.*

Size of Drive: \_\_\_\_\_ GB Price of Drive: \$ \_\_\_\_\_ per drive -----\$ \_\_\_\_\_  
File format is ProRes 4:2:2 HQ .mov files. FORMAT MY DRIVE for \_\_\_\_\_ PC or \_\_\_\_\_ MAC

**Part 3: Return Shipping**

Flat Rate Return Shipping is just ----- \$15.00  
*Sent via FedEx Ground with delivery tracking number; or USPS to AK, HI & Additional for International.*

\_\_\_\_ Send Signature Required (optional) 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: [www.mymovietransfer.com/terms\\_conditions.html](http://www.mymovietransfer.com/terms_conditions.html)

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

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
**We prefer checks. If paying by Visa, MasterCard, or Discover, please print the following information clearly:**

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_  
Expires \_\_\_\_\_ Security Code \_\_\_\_\_

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

Street 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. Questions? Call 1-800-865-7172**