



Australian Government

SCREEN AUSTRALIA

Screen Australia Library Master Copy Order Form

Name _____

Organisation _____

Telephone _____

Fax _____

Email _____

Address _____

Production Title _____

Rights Required (see rate card for more information) _____

Territory: _____

Media: _____

Licence Period: _____

Master Format Required

Digital Betacam SP Beta Mini DV DV Cam

Other (please specify) _____

NTSC PAL Other (please specify) _____

Original timecode New timecode If new, specify start time: _____

Footage Required

Tape No: _____ Timecode In: _____ Timecode Out: _____

Brief Description: _____

Tape No: _____ Timecode In: _____ Timecode Out: _____

Brief Description: _____

Tape No: _____ Timecode In: _____ Timecode Out: _____

Brief Description: _____

Tape No: _____ Timecode In: _____ Timecode Out: _____

Brief Description: _____

Tape No: _____ Timecode In: _____ Timecode Out: _____

Brief Description: _____

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