



Your Video Memories

Visually sharing the celebration of life

Post Office Box 69
Fairport, NY 14450-0069
(585) 223 - 2120

Order: _____

Date: ____/____/200__

VIDEO MEMORY BOOK ORDER FORM

Billing Address:

Name:	
Address 1:	
Address 2:	
City:	
State:	Zip:
Phone	
Email:	

Shipping Address: (if different from billing address)

Name:	
Address 1:	
Address 2:	
City:	
State:	Zip:
Phone	
Email:	

Theme: <small>(Graduation, Memorial, Travel, Wedding, etc)</small>	Title:	Date Needed: ____/____/200__
Cover Style: (Simulated Texture) <input type="checkbox"/> Black Leather <input type="checkbox"/> Tan Leather <input type="checkbox"/> White Linen <input type="checkbox"/> Red Linen <input type="checkbox"/> Blue/Green Linen <input type="checkbox"/> Red/Green Linen <input type="checkbox"/> Brown Leather <input type="checkbox"/> Red Leather <input type="checkbox"/> Blue Linen <input type="checkbox"/> Blue/Black Linen <input type="checkbox"/> Red/Black Linen		

Credits / Dedications: (check items that you want included, and please *print* the appropriate text)

Starring: <small>(List Names)</small>	
Opening Credits: <small>(vital information about event, stars, locations, etc.)</small>	
Closing Credits: <small>(Dedication, Closing Sentiment, List of Photographers, etc.)</small>	
Other: <small>(List relevant information. Attach a separate page if needed)</small>	

Music Selections:

Your Music: <small>(CD, Cassette Tape, WAV or MP3 Computer Files)</small> <small>Video Memory Books used for commercial purposes must include a signed copyright release for each musical selection used.)</small>	Selections:

(Continued Next Page)

Music Selections (cont):

<p>Your Video Memories Selections</p> <p>If you would like for us to make the music selections, indicate the type of music you prefer. Select (one or more) genre</p>	<input type="checkbox"/> 50's Rock	<input type="checkbox"/> American Classic	<input type="checkbox"/> Big Band	<input type="checkbox"/> Classical	<input type="checkbox"/> Country	<input type="checkbox"/> Easy Listening
	<input type="checkbox"/> Funk	<input type="checkbox"/> Hip Hop	<input type="checkbox"/> Inspirational	<input type="checkbox"/> Jazz	<input type="checkbox"/> Latin	<input type="checkbox"/> New Age
	<input type="checkbox"/> Rock	<input type="checkbox"/> R&B	<input type="checkbox"/> Swing			

Scenes:

Each scene represents a new chapter in the Video Memory Book, and are marked by "page turns" in the Video Memory Book presentation. Examples of scene changes may include a new shooting venue or travel destination; a new home or locale; a significant life event or change; or a new generation in a family history. DVD packages also include these scenes as entries in an interactive "Scene" or "Chapter" Selection Menu.

Scene Number	Number of Photos In Scene:	Photo Labels	Scene Title
		Lightly mark the back of each photo using a soft pencil with the scene number and sequential placement in the scene. Markers or ball point pens may damage the photos.	(please <i>print</i> clearly)
Sample	N	0-01 to 0-N	Sample "GROWING UP IN MINNESOTA"
1		1-01 to 1-	
2		2-01 to 2-	
3		3-01 to 3-	
4		4-01 to 4-	
5		5-01 to 5-	
6		6-01 to 6-	
Total Photos:		Please consult our brochure or visit our web site: (www.your-videomemories.com) for current package pricing.	

Output Format:

<input type="checkbox"/> DVD* Qty: _____	<input type="checkbox"/> Video CD* Qty: _____	<input type="checkbox"/> VHS Tape Qty: _____
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* Many newer DVD Players can play DVD-R and CD-RW recorded media. Please consult your DVD Player User's Manual for compatibility prior to ordering Video Memory Books on DVD or VCD, or call **Your Video Memories** for assistance.

Payment:

Please double check that you have included the completed order worksheet, all photos and music, and full payment with your order. **Your Video Memories** accepts Bank Checks, Money Orders, Visa, Mastercard, and American Express as payment for Video Memory Book orders.

NY State Residents add 8% State and Local Sales Tax with your order

Standard Shipping and Handling fees are \$9.95. Shipping is done by Priority Mail unless otherwise directed. Extra charges may apply for alternate carriers (Fedex, UPS, etc) and insurance.

Amount Enclosed: \$ _____

Credit Card:

Visa
 Mastercard
 AMEX

Card Number:

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Expiration Date:

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Mo. Yr.

Signature: _____
(as it appears on the credit card)

Mail Completed Package To: **Your Video Memories**
 Post Office Box 69
 Fairport NY 14450-0069

Disclaimer: **Your Video Memories** and its staff will use its best efforts to promptly and safely return all customer supplied materials (images and music). **Your Video Memories** and its staff are not liable for lost, delayed, or misdirected mail. In the event that **Your Video Memories** or its staff inadvertently damages customer supplied media (images or music), **Your Video Memories** liability is limited to the replacement cost of equivalent blank media only.