

VIDEO DUPLICATION REQUEST

Educational Services
WVIZ/PBS ideastream®
Idea Center™ at PlayhouseSquare
1375 Euclid Avenue
Cleveland, Ohio 44115
Phone (216) 916-6352 / Fax: (216) 916-6353

DATE: _____ PURCHASE ORDER NO.: _____

School District: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Coordinator (please print): _____

Phone #: (____) _____ e-mail : _____

Series Title (specify VHS or DVD)

****Please make photocopies for your record****

FOR VRC USE ONLY:

Date Rec'd: _____

Operator: _____

of tapes: _____

of DVDs: _____

P.O. must accompany the order if mailed.

Recordings will be done on tapes or DVDs provided by WVIZ.