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**PUBLIC EXHIBITION TITLE REQUEST**  
FOR THEATRICAL & SEMI-THEATRICAL CUSTOMERS

**CUSTOMER INFORMATION**

Have you previously ordered from WMM?  No  Yes If yes, what is your customer number? \_\_\_\_\_ (on catalog mailing label)

**TITLES – Print availability and a price quotation will be emailed to you within 2 days of receipt of this form.**

Title(s)	Format (1 <sup>ST</sup> , 2 <sup>nd</sup> choice)	Showdate(s)	Number of Screenings
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Downloadable press kits and photos are available for selected titles at [www.wmm.com](http://www.wmm.com).

Contact [orders@wmm.com](mailto:orders@wmm.com) for availability of posters, postcards and press screeners.

**PAYMENT**

First time customers must pre-pay by one of the following methods. Please request an invoice if needed to process pre-payment.

**Credit Card**  Mastercard  Visa Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ CVV2 Code \_\_\_\_\_ (3 digits on back of card)

**Institutional Check**  Enclosed  In the Mail **Purchase Order** (please fax with order form)  Enclosed  In the Mail  
*(personal checks not accepted)*

**SHIPPING AND HANDLING**

Shipping and handling fees are \$15 for one title and \$10 for two or more titles on VHS, DVD and BETA and \$30 for 16 MM and \$45 for 35 MM prints. Shipping fees will be automatically added to your order UNLESS you provide a FEDEX or DHL account. Handling fees for orders shipped via customer's courier are \$10 per order.

**NOTE: We cannot ship to PO BOX numbers. Shipping Address must be a street address.**

FEDEX  DHL Account Number: \_\_\_\_\_

*Please note: The customer is responsible for return shipping charges. All prints and tapes (excluding betas) are to be returned to Transit Media (190 Rte.17, Harriman, NY 10926) or shipped to a third party **the day after the last scheduled screening date**. 16mm and 35mm prints must be shipped by a trackable 2nd day delivery courier service. Betas should be returned to WMM (462 Broadway Suite 500, New York , NY 10013). Customer agrees to notify WMM of the carrier and Airway bill number for the return shipment. Please send to [orders@wmm.com](mailto:orders@wmm.com)*

**BILLING ADDRESS**

Name:

Institution:

Department

Address:

Telephone:

Fax:

Email:

**SHIPPING ADDRESS/PRINT TRAFFIC COORDINATOR**

Name:

Institution:

Department:

Address:

Telephone:

Fax:

Emai:

Contact for questions about this order?  Billing  Shipping  Other \_\_\_\_\_

**How did you learn about the title(s) you are purchasing today?**

Conference

Film Festival

Flyer/Postcard

Search Engine

Listserv

Other Website Link

Review/Publication

TV

WMM Catalog

WMM Email

Social Networking Site

Other (please specify) \_\_\_\_\_