



Send orders to: **WOMEN MAKE MOVIES**
 115 West 29th Street Suite 1200 New York, NY 10001
FOR THEATRICAL & SEMI-THEATRICAL CUSTOMERS
 Tel: (212) 925-0606, Fax: (212) 925-2052, Email: orders@wmm.com

PUBLIC EXHIBITION TITLE REQUEST

CUSTOMER INFORMATION

Have you previously ordered from WMM? No Yes If yes, what is your customer number? _____

TITLES

Print availability and a price quotation will be emailed to you within two days of receipt of this form.

| Title(s) | Format | Showdate(s) | Number of screenings |
|----------|--------|-------------|----------------------|
|----------|--------|-------------|----------------------|

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

SHIPPING/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.

FEDEX DHL Account Number: _____

Please note: The customer is responsible for return shipping charges. Prints or tapes are to be returned to WMM or transhipped to the next customer, the day after the last scheduled screening date. 16mm and 35mm prints must be shipped by a trackable 2nd day delivery courier service. Customer agrees to notify WMM of the carrier and Airway bill number for the return shipment.

BILLING ADDRESS

Name:

Institution:

Address:

Telephone:

Fax:

Email:

SHIPPING ADDRESS/PRINT TRAFFIC COORDINATOR

(NO PO BOX NUMBERS; MUST BE A STREET ADDRESS)

Name:

Institution:

Address:

Telephone:

Fax:

Email:

Contact for questions about this order? Billing Shipping Other

If other, please provide the following: Name _____ Phone _____

SIGN UP FOR ENEWS: Yes, I want to receive WMM's email newsletter. Send to: _____

PROMOTIONAL MATERIALS

Press Kits and Photos: Please download from the New Releases or Catalog pages of our website: www.wmm.com.

Additional Press Screeners Format VHS DVD QTY: _____ Date needed: _____



Send orders to: **WOMEN MAKE MOVIES**

115 West 29th Street Suite 1200 New York, NY 10001

FOR THEATRICAL & SEMI-THEATRICAL CUSTOMERS

Tel: (212) 925-0606, Fax: (212) 925-2052, Email: orders@wmm.com

PUBLIC EXHIBITION TITLE REQUEST

Posters (if available) QTY: _____ Date needed: _____ Postcards (if available) QTY: _____ Date needed: _____