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Transfer Services Orde	r Form				
Last Name Firs	t Name	Phone		Date	
Street	City	State Z	ip	E-Mail	
FILM Number of Re		of Reels:	Transfer To:	:	□ DVD
Please Check All That Apply 50 ft	300 ft	800 ft	_ 0	High Def	☐ Hard Drive
☐ 16mm ☐ Sound 100 ft	400 ft	1200 ft	_ 0	Standard Def	∃ Blu-ray
□ 8mm □ Silent 200 ft		1600 ft	Transfer		otherwise indicated S
	nless otherwise indicate	SLIDES A	ND PHOT		ansfer To:
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