

BOCES 2 Video Production Request



Project Description:

District _____ Department _____

Video Title _____

Contact Name _____ Email _____ Phone _____

Event Information:

Date _____ Time _____

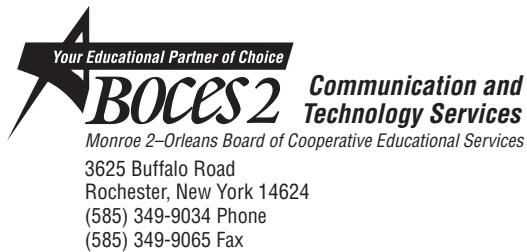
Location _____ Building _____ Room No. _____

Additional Information _____

Requested by _____

*** Please submit this form to Video Production no less than one week prior to your event. This allows us enough time to quote the project and obtain your Director's approval.**

Approved by Director _____



Billing Quote for Project:

To be filled out by Video Production only.

Videotaping Hours

Editing Hours

Total Estimate for Project

Return Form to Video Production