



DUPLICATION ORDER FORM

Please fill in the information below and send with your check payable to: **Comcast Cable**.
Mail to: Comcast Cable - c/o Larry Elkins – 2501 SW 145th Ave., Suite 200, Miramar, FL 33027

Full Name: _____
Company: _____
Office / Dept.: _____
(NO P.O. Boxes)
Address: _____
City, State, Zip: _____
Work Phone #: _____
Email Address: _____
Today's Date: _____

INTERNAL DEPT. REQUEST

GL CODE #: _____
APPROVED BY: _____

Date Completed: ____ / ____
Completed By: _____
To Mailroom On: ____ / ____
Delivered To: _____

Place an "x" in the box next to the show requested.

Newsmakers
\$15 per segment

Community Vision
\$20 per show

Other (list below)

List the number of copies needed per format below.

DVD

BETA SP (internal)

Guest's Name:

Taping

Date:

Office use only