



A COMMUNITY ARTISTS MEDIA INSTITUTE

Video Suite Order Form

Name: -----

Position: -----

Organization: -----

Address: -----

City: ----- Province/State: ----- Postal Code: -----

VHS DVD

Cost for each copy: **\$26.75** (includes shipping and GST)

Number of Copies: -----

Amount Enclosed: \$ -----

Method of Payment:

Cheque (Payable to Pacific Cinémathèque) Mastercard/VISA

Name on Credit Card: -----

Credit Card Number: -----

Expiry Date: -----

Signature: -----

PLEASE FAX OR MAIL THIS FORM, TOGETHER WITH YOUR PAYMENT, TO:

Documenting Engagement
Pacific Cinémathèque
200-1131 Howe St.
Vancouver BC
V6Z 2L7
Fax: 604.688.8204
Tel: 604.688.8202