



official video production provider for



Video Production Order Form

1. Complete turnkey operation: \$750 (On-site filming October 12, 2009)

Schedule filming time between 9 AM to 3:00 PM. Each customer will be allotted 20 minutes of film time. It is the customer's responsibility to come prepared for their film time and to complete their video in the specified amount of time. The video will be hosted by Jennifer Sowards, if requested. Jennifer will conduct any necessary introductions and interview questions on the new product or concept. Filming will cease at 3:00 PM, followed by editing by the HME TV team. If video is being used for Medtrade's New Product Pavilion, the customer's disc will be sent to show management between 8:30 and 9:00 the next morning before the show opens. Each video will be set on a loop and be displayed from 10:00am – 5:00pm on October 13 and 14 and 10:00am – 2:00pm on October 15. (Each customer's video will be approximately 2 minutes in length. The proper spelling of company name and name of the company representative to be filmed and any other required information must be provided to ensure accurate credits.

2. Edit video supplied by customer: \$500

Customer may supply their own video to be edited but it must be in raw format. We will not be able to edit finished videos. Raw video must include any photos or music used in the presentation. Videos will need to be provided in advance and examined on a case by case basis to ensure that the customer's expectations are met. Videos need to be approximately 2 minutes or less.

3. Edit static video with Powerpoint presentation: \$500

Customer may supply their own Powerpoint presentations. Powerpoints need to be approximately 2 minutes or less and converted into a video format also in .mov or .wmv.

HME TV will be responsible for all billing and collections. All scheduling and payment is needed in advance to reserve the time slot. Each client can receive a copy of their disc.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Email: _____

Credit Card Authorization Form

Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: ____/____ VID Code: _____ (3 digit code on the back of card)

Billing Address : _____

City: _____ State: _____ Zipcode: _____

Signed: _____