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title	artist	fee (if known)
_____	_____	_____
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-
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Program/exhibition title: _____

Exhibition/screening dates*: _____

Web page or site address: _____

Venue: Gallery Cinema/screening space Other, please specify: _____

Detailed description of program exhibition/screening:

-
- Tape details:

Format: Beta SP Digital Beta Other, please specify: _____

Standard: NTSC PAL

Do you require exhibition or research copies? (Please inquire for DVD PAL format.)

DVD NTSC VHS NTSC VHS PAL

-
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