ELITE DEPOSITION TECHNOLOGIES

Video Order Form

Date _____ Job Number _____

Deponent _____

Caption _____

VS.

_____

Set-up _____ Scheduled Start _____ Time On _____ Time Off _____

Media Run Time _____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Total Run Time _____ Additional Equipment _____

Parking _____ Mileage _____ Videographer _____

Attach receipt if over 50 miles.

Notes:

Court Reporter _____

Ordering Attorney:

Name _____

Firm _____

Address _____

_____

Phone _____

Signature _____

☐ MPEG-1 ☐ MPEG-4 ☐ SYNC

Copy Attorney:

Name _____

Firm _____

Address _____

_____

Phone _____

Signature _____

☐ MPEG-1 ☐ MPEG-4 ☐ SYNC

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