



National WIC Association



Customizable WIC Videos Order Form

Please submit this completed form by emailing nmulloy@nwica.org, faxing to 202-387-5281, or mailing to: NWA, 2001 S Street NW #580, Washington, DC 20009. You will receive the DVD within 2-3 weeks from time of order receipt. Contact Natalie Mulloy with questions: nmulloy@nwica.org / 202-232-5492.

You can preview the videos at: vimeo.com/user24803615

VIDEO SELECTION

FOR PLAYING IN WAITING ROOMS (DVD to play in standard DVD player)	COST	TOTAL
1 Minute Clips : All 5 videos back-to-back with customization at the end	\$150	
30 Second Clips : All 5 videos back-to-back with customization at the end	\$150	
SUBTOTAL		

FOR UPLOADING TO WEBSITE (DVD with mp4 file)	COST	TOTAL
1 Minute Clips : All 5 videos back-to-back with customization at the end	\$150	
30 Second Clips : All 5 videos back-to-back with customization at the end	\$150	
SUBTOTAL		

The cost reflects editing and render time for customizing each video. If you would like individual customized clips, the price is \$150 each.

FOR TV BROADCAST <i>example: PSA</i> (DVD with .mov file)						
Individual clips with customization at the end of each 1 minute clip	WIC Overview \$150	Nutrition Education \$150	Breastfeeding Support \$150	Healthy Food \$150	Healthcare Referrals \$150	TOTAL
1 Minute Clips (check selection)						
Individual clips with customization at the end of each 30 second clip	WIC Overview \$150	Nutrition Education \$150	Breastfeeding Support \$150	Healthy Food \$150	Healthcare Referrals \$150	TOTAL
30 Second Clips (check selection)						
SUBTOTAL						

TOTAL \$ _____

(Combine Subtotals)

..... *Complete Order on Page 2*

Each clip allows for 5-7 seconds at the end to show your agency's contact info. The information should be kept minimal such as agency name, phone number, and/or website URL.

Enter the text below that you would like to be shown in the video.

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SHIPPING INFORMATION

Name _____ Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

PAYMENT INFORMATION

Payment Method: Check Amount _____ Check # _____
 Purchase Order Purchase Order # _____
Credit Card: Visa Mastercard American Express Discover Card
Credit Card # _____ Expiration _____ CVC (3-4 digit security code) _____
Name as it appears on card _____
Signature _____