



CD Request Form

Please read the policies and procedures for our billing procedures, and information about the charges associated with CD orders.

Your Information

First Name Last Name Phone Number

Email Address

How do you wish to receive your order? Collect from office Receive by US mail

If by US mail, please enter your shipping address

University Affiliation

Administrator

Faculty

Staff

Student

Concert Information

Concert Date	Approx Date if not known	Event Title and Location	Concert Call # (if known)	# of CDs	Participation Type	If an ensemble, which one?	Do you want the entire concert?	If not the entire concert, which selections?
					<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	
					<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	
					<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	
					<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	

Additional information, comments or special requests

I understand that I must pay for this CD as described in the T&MP policies and procedures before my order will be processed, only after all necessary permissions from the performers have been obtained.

I agree

If you have any questions, please contact the Technology & Media Production office. Thank you.

Please complete this form and print/save as a pdf document.

Email mediaproduction@esm.rochester.edu and include the pdf document as an attachment.