

# EXPOSED FILM

PROJECT TITLE			
CONTACT NAME	TELEPHONE		
FILM/EMULSION	KODAK ORDER NO.		
EXPOSED FOOTAGE	DATE		
CAMERA ROLL #	MAG SER. #		
<input type="checkbox"/> LOOSE CORE	<input type="checkbox"/> TIGHT CORE	<input type="checkbox"/> NO CORE	
Processing:	<input type="checkbox"/> Normal	<input type="checkbox"/> Push ___ stops	<input type="checkbox"/> Pull ___ stops
Output:	<input type="checkbox"/> Mini DV	<input type="checkbox"/> DV Cam	<input type="checkbox"/> Other*
<small>*Other output options may be available from some labs. Additional charges may apply. Contact lab for details.</small>			
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