

NATIONAL AUDIOVISUAL CENTER MEDIA INPUT FORM

INSTRUCTIONS: Complete all items. Enter "NA" for all items which are not applicable or for which information is not available. Please mail the completed form to:
National Technical Information Service
5301 Shawnee Road
Alexandria, VA 22312

AUDIOVISUAL TITLE

SERIES TITLE (if part of a series) and number of titles in series

CONTACT FOR ADDITIONAL INFORMATION (name, phone, fax, e-mail)

CONTACT: Name	CONTACT: Phone
CONTACT: Fax	CONTACT: Email

MASTERING FORMAT (Slides, 1", etc.):	RUNNING TIME:	RELEASE YEAR:
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MULTIMEDIA /PRINTED MATERIALS which accompany the audiovisual:

LANGUAGE (captions, sound, or literature):

INTENDED AUDIENCE:

REMARKS (Awards received, credits, etc.):

ABSTRACT:

TV CLEARANCE:

SALE /REPRODUCTION RESTRICTIONS:

SOURCE DISTRIBUTION /MARKETING PLANS:

OTHER DISTRIBUTORS (sale or loan):

FOR NAC USE ONLY	Subject /Keywords:	(Organization, address, phone, fax, e-mail):
New Entry: Y <input type="checkbox"/> N <input type="checkbox"/>		
Change: Y <input type="checkbox"/> N <input type="checkbox"/>		
ORDER NO.:	ORDER NO.:	
MEDIA TYPE 1:	MEDIA TYPE 2:	SOURCE (Agency or production unit)
SALE PRICE:	SALE PRICE:	(Name, title, address, phone, fax, email)
MEDIA DESCRIPTION:		
COMMENTS:		
A/V SERVICE LABORATORY:		