

20th Annual ACM-NE VIDEO FESTIVAL REORDER FORM 2018

DEADLINE: December 1, 2018
Please use a SEPARATE form for each show.

Name of S	Show:]
Name of P	roducer:				
Mailing Ad	dress:				
Phone:					
EMAIL:					
	Show place I specified the second sec	aques \$3 Plaques \$ x x x x	30 each		
Make check	c/o l 20 A	nce for Com Methuen Co Degean Drive Nuen, MA 0	ommunity 7 e, Unit 11	edia-NE Region Felevision	
STAFF USE: Paid:	Cash	Check			
Date sent:			By: _		