

Digital Slides.Net
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Philadelphia, PA

Please print and fill out this form. Include a copy with your slides and or negatives.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____ @ _____

Number of slides; _____

Number of Negatives: _____

Resolution of Scan: 700DPI 1400DPI 2800DPI 4000DPI

What Digital Format? JPEG TIFF Other _____

Do you require special color space? If so please specify _____

What file naming scheme do you want us to use? _____

Do you want us to use Digital Ice? Yes No

Do you want us to use color correction? Yes No

Do you want just the image? Yes No

Images to be saved to. CD-ROM____ DVD____ Customer supplied Hard Drive _____

Number of additional CD-ROM copies? _____

Number of additional DVD copies? _____

Method of return shipment? _____

Amount of insurance on return Shipment? _____

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