

STATE CONTRACT AUDIO-VISUAL REQUEST FORM

Send completed form to:
 State Compensation Insurance Fund
 Safety and Health Services A/V Library
 1275 Market Street, Room 630
 San Francisco, CA 94103
 Fax #: (415)-565-1647
 E-mail: avlibrary@scif.com

Your completed A/V request form will be processed in three (3) working days. Incomplete or inaccurate forms will be returned. For questions, please call A/V Library at (415) 565-1072.

State Agency Name:	Date:
State Agency Coordinator:	Telephone No.:

SEND TO:

State Agency Name:

State Agency Number:

Address: CA

Attn: Tel. No.

Language	Video #-Audio-Visual Title	A/V ID # For Library Use Only
<input type="checkbox"/> English <input type="checkbox"/> Spanish	-	
<input type="checkbox"/> English <input type="checkbox"/> Spanish	-	
<input type="checkbox"/> English <input type="checkbox"/> Spanish	-	

Alternate Choices (Please fill in 3 alternate Choices)

<input type="checkbox"/> English <input type="checkbox"/> Spanish		
<input type="checkbox"/> English <input type="checkbox"/> Spanish		
<input type="checkbox"/> English <input type="checkbox"/> Spanish		

For Library Use Only:

Show Date (s): If more than one day, indicate first and last show dates. (No ASAP)	Send Date:	Return Date:
		Ext. Until:

NOTE: Show date must be completed. Show dates cannot be longer than one week. If audio-visuals are to be shown on different dates, use separate request forms. **Return A/V immediately through PRIORITY mail UPS and insured for \$400.00 each after last show date.**

The items booked per your Audio-Visual Request are not available for the show dates you requested because they have not been returned from the previous booking. Please submit another Audio-Visual Request Form to reorder.

A/V:	Show Date:
A/V:	Show Date:
A/V:	Show Date: