

Red Cedar Photography

Order Form

Ordering Company:	Exhibit Name:	Booth#
Ordered By:	On-Site Contact:	On-Site Cell#

NUMBER OF EXHIBIT VIEWS	___ Empty Booth	___ Crowds & Activity	___ Posed Staff
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DIGITAL EXHIBIT PHOTOGRAPHS (includes image rights)	Rate	Quantity	Total
Show Special: 1 Digital View, 4 8x10 prints and 1CD of All the Hi-Res Photos	235.00		
Premier Exhibit View - Includes Both an 8x10 print and the Hi-Res File(s) on CD	175.00		
Deluxe Exhibit View - Includes Hi-Res File(s) on CD	150.00		
Saver Pack: 2 Exhibit Views Including 1 8x10 print each and 1 CD of All Images	295.00		
Additional 8 x 10 Prints	30.00		
Duplicate CD of Entire Order	30.00		
ENHANCED & PANORAMIC SERVICES (includes image rights)			
Digitally Enhanced Exhibit Photograph (includes view - Removal of Background and Minor Retouching)	450.00		
DIGITAL EVENT AND EDITORIAL COVERAGE (includes image rights)			
Each Hour of Photographer's Time (includes all images on CD. (2 hour minimum)	275.00		
DIGITAL PRODUCT PHOTOGRAPHY (includes image rights)			
Digital Product View (Photographed on a simple backdrop. All images delivered on CD)	175.00		
<ul style="list-style-type: none"> All work is performed on a contractual basis All orders must be prepaid in U.S. Funds, from a U.S. Bank All claims must be made in writing within 7 days of receipt of materials. Orders Cancelled on show site are not refundable Orders will be shipped within 3 weeks of show end Rush and on-site delivery service is available - please inquire Scheduling of appointments will be done by photographers on-site 	SUB-TOTAL		
	SALES TAX		
	SHIPPING/HANDLING		10.00
	TOTAL		

Event/Show Name: _____ **Event Location & Dates:** _____

<table style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 2px;">PAYMENT INFORMATION</th> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Credit Card <input type="checkbox"/> Check - Check# & Date: _____ (VISA, MasterCard, or American Express) Card Number _____ Name on Card: _____ Exp _____ \ _____ Security Code: _____ Signature: _____ Billing Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ PLEASE MAIL OR FAX FORMS WITH PAYMENT TO: Red Cedar Publicity and Marketing 7400 Barclay Road Cheltenham, PA 19012 FAX: 215.635.3041 Phone: 877.635.3016 </td> </tr> </table>	PAYMENT INFORMATION	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check - Check# & Date: _____ (VISA, MasterCard, or American Express) Card Number _____ Name on Card: _____ Exp _____ \ _____ Security Code: _____ Signature: _____ Billing Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ PLEASE MAIL OR FAX FORMS WITH PAYMENT TO: Red Cedar Publicity and Marketing 7400 Barclay Road Cheltenham, PA 19012 FAX: 215.635.3041 Phone: 877.635.3016	<table style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 2px;">SHIPPING INFORMATION:</th> </tr> <tr> <td style="padding: 2px;"> Company: _____ Shipping Address: _____ _____ City: _____ State: _____ Zip: _____ Attention: _____ E-mail: _____ Phone: _____ Signature: _____ </td> </tr> </table>	SHIPPING INFORMATION:	Company: _____ Shipping Address: _____ _____ City: _____ State: _____ Zip: _____ Attention: _____ E-mail: _____ Phone: _____ Signature: _____
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