



DVD MASTER INPUT SPECIFICATIONS

Selection Number (for Manufacturer use only): _____

To help us process your DVD order more efficiently, complete this form and submit it along with your Master. All technical questions should be addressed to the Pre-Mastering Department. For other inquiries, please contact your Sales or Customer Service Representative.

Customer Information:

Customer Name: _____

Customer Service Rep.: _____

Contact Person: _____

Tel. No.: _____

Fax No.: _____

Disc Title: _____

Pre-Mastering Information:

Physical Format

- DVD-5 (Single Side Single Layer)
- DVD-9 (Single side double layer)
Submit two tapes one for each layer
- DVD-10 (Double side single layer)
Submit two tapes one for each side

Please clearly label and identify tape side and layer

Content Format

- DVD Video
 - NTSC
 - PAL
- DVD-ROM
- DVD-Audio

Media Submitted

- DLT Cartridge (DDP 2.0 and ANSI Labeled)
- DVD-R (Only for DVD-5 or DVD-10)
- Other _____
please specify

Copy Protection

- Macrovision
- CSS

<input type="checkbox"/>	Keys supplied by Cinram
<input type="checkbox"/>	Unscrambled keys on tape
<input type="checkbox"/>	Scrambled keys on tape
- CPPM
- Regional Coding
1 2 3 4 5 6 Regions
(please circle)

Volume

Total sectors count _____

Other Services Requested:

- Replicated DVD samples
- Transfer or copy master
- Other (please specify) _____

Customer Signature: _____

Date: _____