



Your order will be confirmed via email or fax shortly after receipt

Kathy Dragon Henn, Manager
 Tel (310) 457-9902 Fax (310) 457-8470
 dragon.music@verizon.net www.carmendragon.com

Place an order via fax:

- print this form
- complete items 1-17
- fax to 310/457-8470

Place an order via email:

- provide the information required below typed into the body of an email, or, attach completed orderform to an email
- email to: dragon.music@verizon.net

GEN. INFORMATION	1. ORDER DATE: _____		2. YOUR P.O. NUMBER _____ <input type="checkbox"/> No P.O. #	
	3. HOW DID YOU HEAR OF US? <input type="checkbox"/> Referral <input type="checkbox"/> Internet Search <input type="checkbox"/> E-Flyer <input type="checkbox"/> Mailing <input type="checkbox"/> Rented Before <input type="checkbox"/> Other _____			
	4. ORCHESTRA TYPE/ANNUAL BUDGET: <input type="checkbox"/> Metro <input type="checkbox"/> Regional <input type="checkbox"/> Major <input type="checkbox"/> Other _____ \$ _____			
	5. INVOICES WILL BE EMAILED TO YOUR CONTACT EMAIL ADDRESS UNLESS SPECIFIED HERE: <input type="checkbox"/> Send Invoice to this alternative email address: _____ <input type="checkbox"/> Mail invoice to billing address			

CONTACT INFORMATION	6. ORCHESTRA NAME		7. LIBRARIAN NAME <input type="checkbox"/> MOLA		SHIP TO This is a residence <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature					
	Tel	W)				
		C)				
		H)				
	Fax			BILL TO <input type="checkbox"/> Same as Ship To		
	Contact E-mail					
Conductor's Email						

SHIPPING OPTIONS	8. DATE(S) MATERIALS NEEDED	
	Orch. Parts Needed	<input type="checkbox"/> 4 wks ahead <input type="checkbox"/> 6 wks ahead Or, specific date to arrive by (not ASAP, please) _____
	Choral Music Needed	<input type="checkbox"/> Same as Orch. Parts Or, specific date to arrive by (not ASAP, please) _____ <input type="checkbox"/> No Choral

SHIPPING OPTIONS	9. SHIPPING PAYMENT & SERVICE OPTIONS <small>(Your order will ship via your preferred method whenever possible to arrive by your need date)</small>																			
	9a. Provide an account number to cover shipping costs:		9b. Choose preferred shipping method:																	
	<input type="checkbox"/> UPS Acc't No. _____ <input type="checkbox"/> FedEx Acc't No. _____ <input type="checkbox"/> Credit Card No.* _____ <small>(*For shipping charges only)</small> <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> AmEx Exp. Date _____ Svc Code _____		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px dashed black; padding: 2px;">UPS</td> <td style="padding: 2px;">FedEx</td> <td style="padding: 2px;">FedEx International Service:</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"><input type="checkbox"/> 1-Day</td> <td style="padding: 2px;"><input type="checkbox"/> Pri. Overnight AM</td> <td style="padding: 2px;"><input type="checkbox"/> Int'l Priority</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"><input type="checkbox"/> 2-Day</td> <td style="padding: 2px;"><input type="checkbox"/> Std. Overnight PM</td> <td style="padding: 2px;"><input type="checkbox"/> Int'l Economy</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"><input type="checkbox"/> 3-Day</td> <td style="padding: 2px;"><input type="checkbox"/> 2-Day</td> <td></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"><input type="checkbox"/> Ground</td> <td style="padding: 2px;"><input type="checkbox"/> 3-Day</td> <td></td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Ground</td> <td></td> </tr> </table>	UPS	FedEx	FedEx International Service:	<input type="checkbox"/> 1-Day	<input type="checkbox"/> Pri. Overnight AM	<input type="checkbox"/> Int'l Priority	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Std. Overnight PM	<input type="checkbox"/> Int'l Economy	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day		<input type="checkbox"/> Ground	<input type="checkbox"/> 3-Day			<input type="checkbox"/> Ground
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	<input type="checkbox"/> Ground																			

PERFORMANCE INFORMATION	10. CONDUCTOR'S NAME		15. - BROADCAST <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please explain...</small>					
	11. PERFORMANCE DATE(S)		- RECORDED <input type="checkbox"/> Yes <input type="checkbox"/> No					
	12. HOW MANY PERFORMANCES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 _____ Other _____		<input type="checkbox"/> Archival					
	13. STRING COUNT <input type="checkbox"/> 9-8-7-6-5 <input type="checkbox"/> 8-7-6-5-4 <input type="checkbox"/> 7-6-5-4-3 _____ Custom String Count		<input type="checkbox"/> Streaming					
	14. VENUE		<input type="checkbox"/> CD/DVD					
			<input type="checkbox"/> Radio					
			<input type="checkbox"/> TV					
		<input type="checkbox"/> Tape Delay						
		<input type="checkbox"/> Other						
16. TITLE(S) <small>(For additional titles, please attach a separate sheet)</small>		Library No.	Choral Version		Choral Qty	Vocal Version	COMMENTS:	
			Yes	No		Yes		No

17. WOULD YOU LIKE TO BE ON OUR EMAIL LIST FOR OCCASIONAL SPECIAL OFFERS, SEASONAL SELECTIONS, ETC. <small>(We do not share, rent, sell or publish email addresses in any way)</small>	<input type="checkbox"/> Send to the Conductor's email _____
	<input type="checkbox"/> Send to the email address above <input type="checkbox"/> Or other _____
	<input type="checkbox"/> No thanks

THANK YOU FOR YOUR ORDER!