



# The Standby Program

A non-profit media arts service organization providing video, audio, film & digital post-production and preservation services to the arts and cultural community.

# Project Registration Form

### RETURN FORM TO

123 West 18th Street, 7th Fl, New York, NY 10011

Tel: (212) 206-7858 Fax: (212) 627-2838

Email: info@standby.org

**1** To use The Standby Program your project must be non-commercially funded. By signing up for Standby you agree to and are responsible for the following criteria: (PLEASE INITIAL ALL 3 CRITERIA)

\_\_\_\_\_ **Credit The Standby Program** in end credits, website and all promotional material associated with the project.

\_\_\_\_\_ **All bookings** must go directly through Standby. A **50% deposit** is required prior to all work, and the balance immediately upon completion.

\_\_\_\_\_ **A copy** of the final product must be provided to The Standby Program both for Archival Records and the Annual Standby Sample Reel provided to funders.

**2** CONTACT/DIRECTOR: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY/EVE TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT STANDBY? \_\_\_\_\_

**3**  Documentary  Experimental  Narrative  Preservation  Other

PROJECT TITLE: \_\_\_\_\_ LENGTH: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4** **STANDBY SERVICE(S) NEEDED (CHECK)**

AVID Editing  Preservation Services

Final Cut Pro Editing  Film to Tape Transfers

Color Correction  Dubbing

Audio Post-Production  DVD Production

Other \_\_\_\_\_

**5** **STANDBY CHARGES AN ANNUAL ACCESS FEE (CHECK)**

**\$75 Annual Access Fee:** This fee includes access to all Standby services for 1 year

**\$35 Reduced Annual Access Fee or small Dub Fee:** Covers 1 time use of services up to \$250

**6** **PAYMENT OPTIONS:**

CHECK - payable to: **The Standby Program**

CREDIT CARD -  VISA  MC  AMEX

NAME ON CREDIT CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

BILLING ADDRESS OF CARD SAME AS CONTACT? Y OR N  
IF NO: \_\_\_\_\_

I agree to the terms and conditions of the standby facility agreement and I agree to have the above amount debited from the above account in accord with my cardholder agreement

Signature: \_\_\_\_\_

**7**  I have read and understand the Procedures and Policies for The Standby Program and I agree to the terms and condition stated therein.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_