



Exhibit Photography Form

Exhibit Name: _____ Exhibit #: _____

Contact at Exhibit: _____ Cell #: _____

CHOOSE VIEWS:

Original View/Camera Angle (Must Choose final product below) \$100 each _____

Quantity Amount

CHOOSE FINAL PRODUCT:

8x10 Print \$35 per image _____

Digital File \$15 per image _____

Event/Press Photography by the hour (Ask for Quote) _____

CHOOSE SHIPPING METHOD: U.S. SHIPPING & HANDLING \$10.00

Total: _____

Contact: _____ Phone: _____

Company Name: _____

Shipping Address: _____

City, State, Zip: _____

FAX: _____ Email: _____

ALL ORDERS MUST BE PREPAID OR PAID ON-SITE PRIOR TO PHOTOGRAPHY

Credit Card #: _____ Exp Date: _____

Name on Card: _____ Signature: _____

Security Code: _____

Billing Street Address: _____

City, State, Zip: _____

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