



Holocaust Documentation and Education Center, Inc. (HDEC)

DVD Request Form

Please complete this form and mail, fax or email to Louise Uzan, Oral History Coordinator:
 HDEC 303 N Federal Hwy, Dania Beach, FL 33004-2807
 Telephone: 954-929-5690 x305 Fax: 954-929-5635 Email: documentation@hdec.org

Requester Information	
Name(s):	
Address	
City, State, Zip	
Email	
Home Phone	
Cell Phone	
Name of Eyewitness (Survivor, Liberator, POW, Etc.)	
Relationship to Eyewitness	

Cost per DVD: \$75 - includes shipping

Payment Options (Credit Card or Check)			
Please make check payable to:	"Holocaust Documentation & Education Center, Inc."		
Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	
	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Other
Account Number			
Name on Card:		Expiration Date:	Security Code:
Number of Copies _____	TOTAL PAYMENT _____		

Notarized Acknowledgement

I hereby acknowledge & agree that any and all DVD copy(ies) provided to the undersigned will be used exclusively for personal family viewing purposes only, and not for any distribution or display in any media and that this restriction is the policy of the HDEC pursuant to its rights under The United States Copyright Statutes and International Copyright Laws.

Signature: _____ Date: _____

STATE OF _____, COUNTY OF _____, ss.:

On this day, personally appeared before me, _____, to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

This ____ day of _____, _____.

Notary Public in and for the State of _____

My commission expires _____.

This request will not be processed without a notarized acknowledgement.