



STREAMING MEDIA INFORMATION REQUEST FORM

Please complete this form and fax it to our office at **(202) 318-2356**.

First Name: _____

Last Name: _____

Email: _____

Website/URL: _____

Phone: _____

Encoding Information:

How many total minutes is your video or audio tape (approximately)? _____

How many total clips would you like encoded? _____

Which bit rates will you be looking to encode for (check all that apply)? _____

- | | |
|--|---|
| <input type="checkbox"/> 28k Modem (20k) | <input type="checkbox"/> 56k Modem (34k) |
| <input type="checkbox"/> Single ISDN (45k) | <input type="checkbox"/> Dual ISDN (80k) |
| <input type="checkbox"/> LAN/T1 (150k) | <input type="checkbox"/> DSL/Cable (225k) |
| <input type="checkbox"/> DSL/Cable (350k) | <input type="checkbox"/> DSL/Cable (450k) |

In which format would you like your media encoded?

- Real Media
- Windows Media
- QuickTime
- MP3
- All formats

*Who will host/deliver your media?

- Kimaweb
- Other

Any additional comments

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