

## **PROCEDURE FOR ORDERING PROGRAMS**

1. Use the order blanks supplied, and furnish all information that is requested. Use a **STREET ADDRESS** whenever possible. A new order blank will be sent with your shipment.
2. Mail your order to the Program Librarian. The name and address can be confirmed in the NFMS Newsletter. Orders can also be made at <nfmsprogramlibrary@tds.net>.
3. Please send in your order at least 21 days before your meeting. The librarian needs time to schedule and ship your order. The earlier the request is received, the better the chance of receiving your first choice of program. Shipment of programs will be made at least 8 to 10 days before you need them by way of U.S. Postal Service, MEDIA MAIL.

## **PROCEDURE FOR RETURNING SLIDE/AUDIO PROGRAMS**

1. Replace the slides in the file in the correct order. Always check and be sure that the last slide is out of the projector. If there is a **PROBLEM** with any slide, script, or cassette, please **NOTIFY** the librarian on the "Audience Opinion Rating" form.
2. Please **ALWAYS** return program material the **DAY AFTER** your meeting. A delay may prevent another club from having a program when time needed.
3. We appreciate your filling out the "Audience Opinion Rating" form and returning it with the program. Your input is important and any suggestions will help better our library..
4. **ALWAYS INSURE THE PROGRAM FOR \$50.** If the shipping container shows any damage, please re-wrap securely.
5. Programs can be returned through the U.S. Postal Service as **MEDIA MAIL**, insured for \$50.00, or UPS.
6. Your cooperation in following these procedures will insure all clubs receive prompt, efficient service from the Program Library.

**NFMS PROGRAM LIBRARY  
ORDER FORM**

**Date Program Required** \_\_\_\_\_

**1<sup>st</sup> Choice Program #** \_\_\_\_

**Name:** \_\_\_\_\_

**2<sup>nd</sup> Choice Program #** \_\_\_\_

**Name:** \_\_\_\_\_

**3<sup>rd</sup> Choice Program #** \_\_\_\_

**Name:** \_\_\_\_\_

**Name of Club Requesting Program:**

\_\_\_\_\_

**Contact Person and Telephone #:**

\_\_\_\_\_

**Club's City/State:**

\_\_\_\_\_

**Special Instructions:**

**SHIP to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**NFMS Program Library**  
NFMS Library  
a/o Quita Perry  
POB 819  
LaCenter, WA, 98629

**NFMS PROGRAM LIBRARY USER REPORT**  
**PLEASE FILL IN ALL INFORMATION AND RETURN WITH PROGRAM**

YOUR CLUB NAME \_\_\_\_\_

PROGRAM # \_\_\_\_\_ DATE USED \_\_\_\_\_ NUMBER OF VIEWERS \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_

PROGRAM QUALITY (Please check one) FAIR \_\_\_\_\_ GOOD \_\_\_\_\_ EXCELLENT \_\_\_\_\_

RATED BY:

REMARKS:

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