



E-CASTING ORDER FORM

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COMPANY NAME: _____
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TODAY'S DATE: _____
DATE OF TRANSMISSION: _____ TIME: ASAP _____ or _____
SUBJECT FIELD: _____
SIZE OF FILE: (bytes) _____ ATTACHMENT: YES _____ NO _____
GRAPHICS: YES _____ NO _____
LOCATION OF GRAPHICS: WEBSITE _____ SIZE OF GRAPHICS: (bytes) _____
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LISTS: ON FILE _____ E-MAIL _____ DISK _____
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SPECIAL INSTRUCTIONS

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