

# Clinical Video Rental Agreement

If you have questions about your order, please contact **The Bowen Center** at 202-965-4400 or [info@thebowencenter.org](mailto:info@thebowencenter.org).

**Please mail this form or fax it to:**

The Bowen Center, 4400 MacArthur Blvd NW, Suite 103, Washington, DC 20007

**Fax:** 202-965-1765

Make checks payable to **The Bowen Center**. Outside the US, please use a credit card.

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

Organization: \_\_\_\_\_

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

City, State, Zip, Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card: **Visa / MasterCard / Discover**

(Please circle appropriate card)

Credit Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

DVD Title	Show Date

**Rental Agreement**

To keep rental and purchase prices as reasonable as possible, it is the Bowen Center's policy not to permit previewing, since each use of the video shortens its life. However, if you are planning to purchase a video, you may pay the rental fee to preview it. The price for renting a clinical video is \$100 per video.

*Please order at least three weeks prior to the desired showing date.*

This rental agreement must be signed and returned to the Bowen Center before videos will be released.

- Clinical videos will be shown only to professional audiences and the confidentiality of the families on the videos will be protected
- Videos will not be reproduced in any manner (including sound track reproduction). The Bowen Center videos are copyrighted. Any reproduction of material in them is a violation of copyright law.
- Videos will be played on machines in good working condition so they will not be damaged.
- Videos will be used for one showing only, and will be returned promptly after use, insured for \$200.

**I agree to the above rental terms.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_