

NA-DVD-SPECIFICATIONS PACK	DATE: Feb 2004	FORM: F030366	REV: B	PAGE: 1 OF 2
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**Print Material: E-File Information Form**

FRONT AND BACK OF THIS FORM MUST BE COMPLETED AND SUBMITTED WITH EACH PROJECT.  
 FULL SIZE (100%) HARD COPY LASER PROOF(S) MUST BE SUPPLIED BEFORE TECHNICOLOR CAN PROCESS YOUR FILES.  
 Clearly mark live and FPO elements, PMS colors, and any special instructions.

Title \_\_\_\_\_ Catalog/Ref. # \_\_\_\_\_  
 Customer Name \_\_\_\_\_ CSR \_\_\_\_\_

**Media:**

- 3.5" Micro Floppy Diskette
- 44     88     200MB Syquest
- 5.25", 650MB Magneto Optical Cartridge
- CD-ROM or CD-R
- 100MB ZIP
- Modem (must be pre-arranged)

**Software:**

- QuarkXpress version # \_\_\_\_\_
- Pagemaker ver. \_\_\_\_\_
- Adobe Photoshop ver. \_\_\_\_\_
- Freehand ver. \_\_\_\_\_
- Adobe Illustrator ver. \_\_\_\_\_

DATA:     Original     Replacement

MAC PLATFORM     and/or PC Platform

DESIRED PRINTING PROCESS:     Line Art (PMS)     Four Color Process

**Fonts:** (Adobe Postscript™ only) Include all printer and screen fonts in your file for all applications submitted. Only Postscript fonts are accepted. True type fonts are not acceptable.

Manufacturer	Name	Style	Version
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Project Status:**

- Page assembly complete
- Cropping performed to specified printing area
- Trapping applied

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**File Data:**

	<b>File Name:</b>	<b>Type:</b>
File to be output:	_____	_____
Linked files:	_____	_____
	_____	_____

Include all original application files of any EPS file used in the page layout file. Four color files should be set up as CMYK process color. Files must be created in QuarkXpress, PageMaker, or CorelDraw. Include crop and registration marks. Add 1/8" bleed beyond all final trim marks. Mark separated pages with appropriate process or spot PMS colors.

**Scans:**

Include all live EPS files, live scans/images, and original application files of any EPS files. Four color process work and black and white halftones should be 300 dpi (dots per inch). Color scans should be saved as CMYK. Line Art should be scanned at 1200 dpi minimum. Identify FPO (For Position Only) scans and identify the corresponding high resolution graphic or scan files to be output and include those files on the disk.

**Note:** Required printed material should not include country of origin references (Made in, manufactured in, etc.). In the event printed materials include country references/addresses (printed in USA, XYZ company, main street, anytown, state, USA): Technicolor will be required to imprint/label a country of origin marking on the exterior of the product.



NA-DVD-SPECIFICATIONS PACK	DATE: July 2003	FORM: F030366	REV: A	PAGE: 2 OF 2
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**Print Material: E-File Information Form**

**Proof(s) you require for approval:**

Technicolor will inspect your image for printability before film output. If changes are required, specify approval proof type.

We require and will automatically output a contract proof from final film to approve printing process.

- | For Alteration Approval | For Final Approval    |                                  |
|-------------------------|-----------------------|----------------------------------|
| <input type="radio"/>   | <input type="radio"/> | Notify prior to changes          |
| <input type="radio"/>   | <input type="radio"/> | Color separated B/W laser proofs |
| <input type="radio"/>   | <input type="radio"/> | Composite B/W laser proofs       |
| <input type="radio"/>   | <input type="radio"/> | Digital color proof              |
| <input type="radio"/>   | <input type="radio"/> | Contract proof from film         |

SEND PROOFS FOR APPROVAL TO:  Designer  Client

RETURN MEDIA TO:  Designer  Client

**Client approvals to be made by:**

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

Company: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Designer:**

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

Company: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title: -

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

