



Braille Transcription Order Form

Providing Excellence in Volunteer and Affordable Services for the Visually Impaired Since 1960.

Phone #: _____

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Billing Address		Shipping Address: (If different from Billing)	
Name:		Name:	
Attn:		Attn:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:

Type of Book Order (Check One)

Transcription

Duplication

Book Information

Title: _____

of Pages: _____

Date book is needed by: _____

Grade level of book: _____

Braille Formatting Information

Page Width (Number of cells per line): _____

Page Length (Number of lines per page): _____

Page Numbering: _____

Do you want a running head? Yes / No

Do you want the material in UEB or EBAE? (circle one)

Please select the items in your book that you DO NOT WANT to be brailled from the following list:

Acknowledgments / Dedications

Author's Information

Excerpts

Glossary / Appendices

Index

Promotional Material

Other: _____

Number of embossed copies: _____

Embossing format: One Sided / Interpoint (Two Sided)

Computer File Copy: Yes / No (If yes File Format: ABT / BFM / BRF / BRL / DXB / TXT / B2K)

Braille Transcription Fees:

- Literary or Textbook Formatted Braille \$2.00 per Braille page
- Nemeth Formatted Braille \$3.00 per Braille page
- Proofreading \$0.10 per Braille page
- Embossing \$0.10 per Braille page
- Preformatting \$0.25 per Braille page
- Tactile Graphics \$5.00 per graphic

Additional copies are embossed at the embossing rate listed above

Please feel free to contact us for cost estimation. Production time may vary.

www.volunteersofvacaville.com