



PROGRAM SCHEDULING REQUEST FORM

****Be sure to save your form before entering information****

Office Use Only		Start Location	
MSN	Sub Date, Initials	h	h
		:	:
		m	m
		:	:
		s	s
Duration	Project #, Initials	Day/Date	Time
h		Ch	Contact
:		_____	_____
m		_____	_____
:		_____	_____
s		_____	_____
s		_____	_____
Pass Yes: _____ No: _____ See Attached			
<small>Date & Initials</small>		<small>Date & Initials</small>	
Scheduling Notes 19 21 36			

Live	Kill	Resub	D
<10	>11	Non- Local	Non mpg
		Newsletter	1 st Proj /sub

Prod./Submitter: _____
(Print First and Last Name)

Nonprofit Org: _____

Address: _____

Phone #: _____ **Alt #:** _____
(Check box if contact info is new)

Email: _____
(Check box if contact info is new)

Be sure your show title and description are included on the cable systems and on CAN TV's website. Fill in your title below.

Program Title (maximum: 27 characters, including spaces): _____

Episode # or Subtitle: _____ **Length:** _____

And don't forget to fill in your show description.

Program Description/Topic (Summarize your show in 1 or 2 sentences. Maximum: 102 characters, including spaces):

Guests who appeared on your show: _____

If your program is not in English, list the language: _____

Select what applies:	<input type="checkbox"/> Has violence/graphic images	<input type="checkbox"/> Has nudity, depiction of sexual acts
<input type="checkbox"/> Has adult language	<input type="checkbox"/> Has aired on CAN TV before	<input type="checkbox"/> Is not appropriate for younger or sensitive viewers
Your program is:	<input type="checkbox"/> ent./variety/arts	<input type="checkbox"/> education/news
	<input type="checkbox"/> spiritual	other: _____
Airtime Request: _____	or should not be shown after this date: _____	