

CABLECAST REQUEST

This form must be completed and submitted with properly identified tape(s).

Program Title: _____ Length: (in minutes) _____

This program is a: _____ one only special _____ part of a series.

If a series, how often will a new episode be provided? _____

Producer: _____

Address: _____

Phone # _____

Sponsoring Organization: _____

Producer notes: _____

PCTV NOTES:

This application is non-transferable. All programs to be cablecast must be submitted to the PCTV staff at least one week before the scheduled cablecast.

Programs must be submitted as a mp4 file format with a resolution of 1920 X 1080 and the audio set to 48 kHz. Other file formats may be converted for a fee.

*PCTV does not accept masters of programs for cablecast.

Producer's

Signature _____ Date _____

Date received by PCTV _____

Authorized PCTV Signature _____