

Michiana Access TV

PROGRAM PRODUCER FORM

Date: _____

Producer's Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening: _____ Best Time To Call: _____

Email Address: _____

Program Title: _____

Program Description: _____

Program Website: _____

Program Format: Studio DVD

** Program must be in full. ** Michiana Access TV cannot download materials from the internet.

Program Length: 30 minutes 60 minutes Other (specify): _____

Will Program Be: Single Program / Special Series _____

Will Program Be Submitted: Monthly Bi-Weekly Weekly _____

Falsifying registration information or failure to comply with Michiana Access TV rules and regulations will result in immediate dismissal from the access schedule.

Signature: _____ Date: _____

Falsifying registration information or failure to comply with Comcast access rules and regulations will result in immediate dismissal from the access schedule.

Signature: _____ Date: _____

Return this form to:
Michiana Access TV
c/o Nicholas Ramirez
300 West Jefferson Blvd., South Bend, Indiana 46601
Email: nramirez@wnit.org Fax: 574.289.3441

Revised 7/2016