Please note the following:

- This document is public record.
- Submit this form with program DVD of first episode with a signed PANDA Program Policies and Program Agreement.
- Submissions are accepted in DVD format ONLY.
- All materials must be received 3 weeks in advance of requested airtime.

<u>Channel User Information</u>	<u>!</u>	
First Name: Last Name:		
Address:		
City	State	Zip
Email:		
Daytime Phone:	Cell Phone:	
	dian contact info: ardian is required to sign the Progr	
	_	tter or email is required from an officer of the ne organization connected to this Program.
Program Information:		
Producer/Filmmaker/Crea	tor or Organization Name:	
Program Title:	Total Ru	nning Time (TRT):
Program Description (for p	ublication on PANDA website):	
Entertainment, Education, Experimental, Religion, Bo	oks/Poetry, Finance/Business, Filn	list to the right) I Meeting, Environmental, PSAs/Promos, Arts, n/Media, Seniors, Community Concerns, News, Drama, Other
		n, Teens am Policies for adult, violent, and/or medically
Does this Program contain videos, films/TV clips, arch		by someone other than yourself (i.e. music
This form is signed anPANDA Program Police		n is signed and submitted with this request.
Channel User Sign	nature	Date