

PUBLIC ACCESS NORTHERN DUTCHESS AREA, INC. (PANDA)

SERIES PROGRAM SCHEDULING REQUEST

Adopted March 21, 2000

Use this form if you wish to schedule time for a series program, i.e. once a week, every other week, or once a month. **Submit this request with your videotape of the first episode and a signed Program Agreement. All materials, including the video tape of your first episode must be received by the deadline date indicated on the enclosed cover letter to be considered for the upcoming quarter. Requests received after that date will be processed for the following quarter. Requests received without a copy of your first episode will not be processed.** PANDA channel(s) are available for no-commercial programming only. If you wish to schedule a single program or "special", please use a "Single Program Scheduling Request" form.

Personal Information (Please print legibly). The name and address of any person requesting time on the access channel(s) are open to public inspection.

First Name: _____ Last Name: _____
Residence Address (no P.O. boxes): _____
City _____ State: _____ Zip: _____
Daytime Telephone: () _____ Evening Telephone: () _____

Are you eighteen years of age or older? yes no
If you are under 18, a guardian is required to sign the **Program Agreement**.

Mailing address if different from above: _____

Program Information (Please print legibly).

Program Title: _____
Program length in minutes:seconds: _____
Program Description (for publication): _____

Program will be (check one): on VHS or SVHS videotape live
If live, where will the program originate? (Producer **must be certified to use PANDA studios** for program to originate from PANDA): _____

This program is produced by: me another individual or organization
If this program is produced by someone other than you, please print the name and address of the program's producer: _____

Does this program require a disclaimer under PANDA's Program Policies for adult, violent, and/or medically graphic programming? yes no

Scheduling Preferences

1. day: _____ time: _____ (am) (pm)
 2. day: _____ time: _____ (am) (pm)
 3. day: _____ time: _____ (am) (pm)

Program Category (circle one)

- | | | |
|---------------------------|-------------------|-------------------------|
| AIDS Issues | Education/info. | Political/Advocacy |
| African/African-American | Environmental | PSA's / Promo's |
| Animals/Pets | Erotica/Adult | Psychic/Tarot/Astrology |
| Arts | Experimental | Religion |
| Asian/Asian-American | Fashion | Science Fiction |
| Books/Poetry | Finance/Business | Self Help |
| Children's Programming | Film/Media | Seniors |
| Comic Books/Animation | Gay & Lesbian | Spanish Speaking/Latino |
| Community Concerns | Health | Sports/Outdoors |
| Cooking | Jewish | Talk Show |
| Computers/Applied Science | Music | Theater |
| Comedy | Music Videos | Travel |
| Cultural/Ethnic | New Age/Spiritual | Variety |
| Differently Able | News | Women's Issues |
| Drama | Public Affairs | Youth |

I am requesting a time slot for a program series that is (check one):

monthly every other week weekly other (describe): _____

Does this Series Program contain fifty-percent (50%) or more of material produced by someone other than yourself (i.e. music videos, film/TV clips, archive material)? yes no

Is this Series Program currently cablecast in whole or in part on another public access station?

yes no

If yes, what station? _____

Do you currently have another Series Program scheduled on PANDA?

yes no If yes, what program? _____

Is the Series Program host regularly seen on another program on PANDA?

yes no If yes, what program? _____

Have you had another Series Program scheduled within the last twelve (12) months on PANDA?

yes no If yes, what program? _____

Has the Series Program host regularly hosted another Series Program scheduled on PANDA

within the last twelve (12) months?

yes no If yes, what program? _____

Optional This will be used for contact information you may want PANDA staff to convey to inquiring viewers. Please note - this info will be given to ANYONE who requests it.

Contact Person: _____

Address or Post Office Box: _____

Telephone: () _____

E-mail and/or website address: _____

Signature (Required)

Date

This Series Program Scheduling Request must be accompanied by a signed **Program Agreement** and your first videotape for your series.

This Series Program application will not be processed if:

- ◆ You did not sign this request form.
- ◆ You did not fill this request form out completely.
- ◆ You did not sign a **PANDA Program Agreement** and submit it with this request.
- ◆ You did not submit your first series episode (videotape) with this request.

Please make sure that the above are done before submitting your application.

If this request is submitted on behalf of an organization, it must be accompanied by a letter from the Chief operating officer of the organization on organization letterhead. The letter should indicate who within the organization will be the contact person for this program.