



PROGRAM SUBMISSION FORM

PROVIDER INFORMATION

Name of producer / provider _____

Address _____ City, State, ZIP _____

Phone () _____ - _____ Organization (if any) _____

Are you a CMAP member/user? yes no If not, you also need to submit a Statement of Compliance Form.

PROGRAM INFORMATION

Title _____ TRT ____ : ____ : ____ Are you promoting yes
no

Former Title (if any): _____

Was program produced locally? yes no Using CMAP facility equipment? yes
no

If no, provide detailed production information _____

Air Date

Kill Date

Date Due

Date Rec'd

Title #

I :

O :

List below how the producer / provider contact information appears in your credits

Does the program include: Requested air date ____ / ____ / ____

Dated material? yes no Requested kill date ____ / ____ / ____

Copyright or trademark material? yes no

If **yes**, attach written permission to use for each instance

Potentially objectionable material? yes no

If **yes**, how is the visual and audio viewer advisory written?

COVER ALL THE BASES

Does the **tape** of your program have

Labels on face and spine that include

Title Date Cue point Length

Producer's name

Did you rewind to the beginning?

60 seconds of color bars at front

Audio tone at 0 db

30 seconds standard black

Slate

10 second standard countdown,
including 2 seconds of black

Production/crew credits

Underwriter credits or None

Producer's contact information in credits

CMAP credit / disclaimer

60 seconds of standard black at end of tape

Does the **DVD** of your program have

Labels on face and sleeve that include

Title Date Cue @ 00:00 Length

Producer's name

60 seconds of bars and tone on final chapter

Slate

Production/crew credits

Underwriter credits or None

Producer's contact information in credits

CMAP credit / disclaimer

HOME RUN!

If all boxes are checked, **turn this page over**, sign, date, and turn your show into the Programming Department! 10-14-09

I have read, am thoroughly familiar with, and agree to comply with CMAP rules and procedures regarding the cablecast/s of this program. I have signed the required Statement of Compliance, and I understand that false or misleading statements made in this Program Submission Form are grounds for forfeiture of the right to use CMAP channel space, facilities, and equipment. By signing this form, I certify that program material that I submit for cablecast will not contain:

Material primarily designed to promote the sale of commercial products or services.

The solicitation or appeal for funds for any purpose.

Material that constitutes or promotes any lottery or gambling enterprise.

Obscene material, which is defined by the US Supreme Court in Miller v. California, 413 U.S. 15, 24 (1974): “A work which, taken as a whole, (1) appeals to the prurient interest, (2) depicts or describes sexual conduct in a patently offensive way, and (3) lack serious literary, artistic, political, or scientific value.” CMAP (its Board, agents and employees) is not authorized to determine whether or not a program is obscene.

Material that constitutes libel, slander, invasion of privacy or publicity rights, unfair competition, violation of trademark or copyright, or that might violate any local, state or federal law.

“Hate speech” or “fighting words,” which are defined by the US Supreme Court as “those which by their very utterance inflict injury or tend to incite an immediate breach of the peace.”

**REQUEST
FOR
COPIES**

Signature Producer / Provider _____ Date ____ / ____ / ____

I authorize CMAP to dub this program for release to viewers who request copies

CMAP should contact me first before making copies of this program

Have the viewer contact me directly using the contact information above for copies of this program