

# 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 \_\_\_\_\_

How does the producer / provider contact information appear in your credits? **REQUIRED**

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 **REQUIRED**

▪ Potentially objectionable material?  yes  no

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

Air Date	<b>C M A P  O N L Y</b>
Kill Date	
Date Due	
Date Rec'd	
Title #	
I                      :	
O                      :	

## **COVER ALL THE BASES**

Does the ***beginning*** of your program have

- 60 seconds of color bars
- Audio tone at 0 db
- 30 seconds standard black
- Slate
- 10 second standard countdown, including 2 seconds of black

Does the ***end*** of your program have

- Production/crew credits
- Underwriter credits     or None
- CMAP credit / disclaimer
- 60 seconds of standard black

Does the ***tape*** of your program have

- Labels on face and spine
- Did you rewind to the beginning?

Do the ***labels*** of your program have

- Title of program
- Cablecast date, if known
- Producer's name
- Cue point
- Length of program

### **HOME RUN!**

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

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.”

Signature Producer / Provider \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUEST  
FOR  
COPIES**

- 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