

SERIES SUBMISSION FORM



Name of producer / provider _____ Phone (____) ____ - ____

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

Does the program include:

- Dated material? yes no
- 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**

CMAP ONLY

Prjt #

Series #

Date Due

Date Rec'd

Air Date

Kill Date

REQUIRED Has the producer / provider contact information in your credits changed? yes no

If **yes**, provide new information _____

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 my contact information on file for copies of this program