



PROGRAM PROPOSAL
Spring 2009
March 29 – June 27, 2009

For Office Use Only

Title of Show: _____

Producer's Name: _____

Producer's Address: _____
Street City/Town Zip Code

Producer's Email _____ Home Phone # _____ Other Phone # _____

Organization Name (if any) _____

Organization's Address _____
Street City/Town Zip Code

Organization's Email _____ Organization Phone # _____

Type of Production [check (√) one]

- Produced live in HPATV studio
- Produced and taped in HPATV studio
- Produced by you outside of the HPATV studio
- National or regional show delivered to HPATV

Length of show (in minutes) _____

Brief description of your show: _____

Format [check (√) one] MPEG2 DVD SVHS

Will you be using the HPATV edit facilities? Yes No

How often will your program air? [check (√) one]

- Weekly
- Every other week
- Monthly
- Special (program will be scheduled when you have completed it)
- Other (please specify) _____

Please indicate 1st, 2nd, and 3rd choices for when your program will air during the next 13 weeks.

	<u>Day of the Week</u>	<u>Start Time</u>	<u>End Time</u>
1 st Choice:	_____	_____	_____
2 nd Choice:	_____	_____	_____
3 rd Choice:	_____	_____	_____