

TELEVISION PRODUCTION RENEWAL FORM

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Staff use only:



My show is: Live;
 Time Sensitive Taped;
 Evergreen taped

I am renewing a Monday – Friday, 12–4, 1-4,
or 4-7 Studio Time Slot:

Yes
 No

PRODUCER INFORMATION

Program Title

Producer Name

Producer's Street Address (NO P.O. Box Numbers please)

City State Zip

Home Phone Work Phone E-Mail

PROGRAM INFORMATION

| | |
|---|--|
| Proposed Length of each episode _____ | <input type="checkbox"/> I have read and understand the Terms and Conditions accompanying this Renewal Form. <input type="checkbox"/> This program complies with all content and technical specifications in the Operations Policies and Procedures Manual. |
| Series: <input type="checkbox"/> Weekly, <input type="checkbox"/> Monthly, <input type="checkbox"/> Other (please explain) _____ | |
| Number of episodes you expect to produce during the next six months (please include episodes in progress) _____ | <input type="checkbox"/> I understand that noncompliance with the Operations Manual could result in disciplinary action, fiscal penalties and/or suspension from FPA. |

PRODUCER CERTIFICATION

By signing below, I certify that all statements made on this form are true and accurate and that I agree to all Terms and Conditions in the original proposal.

Signature Date

ACCEPTED BY FPA

General Manager Date

Please list your entire desired studio requests on back of form.