

PROGRAM REQUEST FORM

INSTRUCTIONS: Complete the form and return it to MCPS TV, CESC, 850 Hungerford Drive, Room 27, Rockville, MD 20850 via pony, by fax to 301-279-3118, or electronically via the e-mail button.

Date Submitted: _____ Date For Rough-Cut: _____ Date For Final Copy: _____

Contact Person: _____

E-mail: _____

Phone: _____

Short Topic Description:

1. What is the final medium for the program? Cable TV MyMCPS DVD
 Web
2. How will this program/project be used? General Student Instruction Staff Training
 Meeting Parents/Community A/V Technical Support

3. Describe any details that staff need to know to support this request:

4. What type of project is this? Video Program PowerPoint Webcast
 Guest Speaker Press Conference A/V Technical Support
 Post on MyMCPS

5. Upon viewing the program, what are the key outcomes the audience needs to know?

6. If you are requesting DVD duplication, do you have funds to support it? (i.e. DVD is \$3 each) Yes No

7. Are there any essential graphics or visuals that need to be created or included in the program. If yes, please describe them.

No Yes

8. How will this program be publicized to your audience? _____

9. Estimate how many will use this program: 1-25 25-50 50-100 100-500+

REQUESTED BY: Deputy or Associate Superintendent: _____ Date: _____

APPROVAL BY: Chief Communications Officer: _____ Date: _____