





MEDIA INFO LABEL

Mini Studio: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submission Due Date:	Date Received:				
<i>Complete Media File Name for all submissions. Include an Episode Title and Description for each program longer than 15 minutes and all eligible VOD Requests. Submittals must match overall Facil Project info.</i>		First Air <input type="checkbox"/> Yes <input type="checkbox"/> No	‘ŌleloNet (Internet) <input type="checkbox"/> Yes <input type="checkbox"/> No	‘Ōlelo VOD (Cable TV) <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduling Preference <input type="checkbox"/> Series Airdates → <input type="checkbox"/> 4 Weeks Out <input type="checkbox"/> Earliest Available <input type="checkbox"/> Advanced Airdates → <input type="checkbox"/> Time Sensitive (Give Stop Airing Date) ____/____/____	All Cablecast Dates
Media File Name <i>Please give a unique, descriptive episode title for every program. For series, add premiere date to end of filename e.g. 3-11 or 4-16</i>			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No			
Producer Name		<i>Processed Date & Initials</i>		Local Special >5 minutes		
Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. Mandatory for all VOD.)						
<i>SP = Special SE = Series PS = PSA PR = Promo ST = Short Take</i> <i>Example: SP 54321 My Show 5830 / SE 12345 My Episode Title 2830 3-11</i>						

Mini Studio: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submission Due Date:	Date Received:				
<i>Complete Media File Name for all submissions. Include an Episode Title and Description for each program longer than 15 minutes and all eligible VOD Requests. Submittals must match overall Facil Project info.</i>		First Air <input type="checkbox"/> Yes <input type="checkbox"/> No	‘ŌleloNet (Internet) <input type="checkbox"/> Yes <input type="checkbox"/> No	‘Ōlelo VOD (Cable TV) <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduling Preference <input type="checkbox"/> Series Airdates → <input type="checkbox"/> 4 Weeks Out <input type="checkbox"/> Earliest Available <input type="checkbox"/> Advanced Airdates → <input type="checkbox"/> Time Sensitive (Give Stop Airing Date) ____/____/____	All Cablecast Dates
Media File Name <i>Please give a unique, descriptive episode title for every program. For series, add premiere date to end of filename e.g. 3-11 or 4-16</i>			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No			
Producer Name		<i>Processed Date & Initials</i>		Local Special >5 minutes		
Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. Mandatory for all VOD.)						
<i>SP = Special SE = Series PS = PSA PR = Promo ST = Short Take</i> <i>Example: SP 54321 My Show 5830 / SE 12345 My Episode Title 2830 3-11</i>						

MEDIA INFO LABEL

Mini Studio: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submission Due Date:	Date Received:				
<i>Complete Media File Name for all submissions. Include an Episode Title and Description for each program longer than 15 minutes and all eligible VOD Requests. Submittals must match overall Facil Project info.</i>		First Air <input type="checkbox"/> Yes <input type="checkbox"/> No	‘ŌleloNet (Internet) <input type="checkbox"/> Yes <input type="checkbox"/> No	‘Ōlelo VOD (Cable TV) <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduling Preference <input type="checkbox"/> Series Airdates → <input type="checkbox"/> 4 Weeks Out <input type="checkbox"/> Earliest Available <input type="checkbox"/> Advanced Airdates → <input type="checkbox"/> Time Sensitive (Give Stop Airing Date) ____/____/____	All Cablecast Dates
Media File Name <i>Please give a unique, descriptive episode title for every program. For series, add premiere date to end of filename e.g. 3-11 or 4-16</i>			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	Local (>50%) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Producer Name		<i>Processed Date & Initials</i>				
Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. <i>Mandatory for all VOD.</i>)						
<p><i>SP = Special SE = Series PS = PSA PR = Promo ST = Short Take</i></p> <p><i>Example: SP 54321 My Show 5830 / SE 12345 My Episode Title 2830 3-11</i></p>						

Mini Studio: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submission Due Date:	Date Received:				
<i>Complete Media File Name for all submissions. Include an Episode Title and Description for each program longer than 15 minutes and all eligible VOD Requests. Submittals must match overall Facil Project info.</i>		First Air <input type="checkbox"/> Yes <input type="checkbox"/> No	‘ŌleloNet (Internet) <input type="checkbox"/> Yes <input type="checkbox"/> No	‘Ōlelo VOD (Cable TV) <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduling Preference <input type="checkbox"/> Series Airdates → <input type="checkbox"/> 4 Weeks Out <input type="checkbox"/> Earliest Available <input type="checkbox"/> Advanced Airdates → <input type="checkbox"/> Time Sensitive (Give Stop Airing Date) ____/____/____	All Cablecast Dates
Media File Name <i>Please give a unique, descriptive episode title for every program. For series, add premiere date to end of filename e.g. 3-11 or 4-16</i>			Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	Local (>50%) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Producer Name		<i>Processed Date & Initials</i>				
Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. <i>Mandatory for all VOD.</i>)						
<p><i>SP = Special SE = Series PS = PSA PR = Promo ST = Short Take</i></p> <p><i>Example: SP 54321 My Show 5830 / SE 12345 My Episode Title 2830 3-11</i></p>						