



All numbered areas on this form must be filled out completely for a Project's first program submission. Deliver completed form and media to any 'Olelo Media Ugtxleg Center.

Media Registration

Media File Name: []

1) Project Title: _____ 2) Project #: _____

3) Episode Title (120 character limit): _____

4) Episode Description (120 character limit): _____

Please give a description for programs longer than 15 minutes. Mandatory for all VOD Requests. Descriptions will also appear in TV listings.

5) From which sector do you receive Funding? (Check ONE)
Public (For a private individual or group) Education (For Educational entities) Government (For Government agencies)

6) This program was created: (Check ONE)
Mapunapuna MSC Kaimuki MSC Wahiawa MSC Nanakuli MSC Waipahu MSC
Kaneohe MSC Studio@Capitol Neighbor Island O'ahu (No Olelo equipment used) Out-of- State

7) Program Type: (Check ONE)
Special (over 15 min) Short Take PSA Promo

8) Local/Non-Local: (Check ONE)
Local (at least 50% of content recorded on O'ahu) Non-Local

9) First Air/Repeat: (Check ONE)
First Airing Repeat (has previously aired on 'Olelo's channels)

10) Subject: (Check ONE)

- Arts/Entertainment City Issues Community
Cultural/Ethnic Education Election
Environmental/Health Growth Inspirational
National/International Native Hawaii Pacific Islander
Social/Political Sports State Issues Youth

Would you like this locally-created program more than 5 minutes in length made available on:
'OleloNet Video On Demand (Internet)
'Olelo Video On Demand (Oceanic Cable TV)
One Oceanic Cable VOD Program per Project. Programs with incomplete submission information will not appear on VOD.

11) Adult Content: No Yes
(Contains graphic violence, sexual content or profanity)

12) Length: Hr Min Sec 13) Date to End Airing: / /
(Date episode content expires. If no date is given, episode will stop airing in 6 months)

* Advanced or Live Airdate Request * (Complete only when necessary)
Media will be delivered by (date) / /
Live Date / / and Start/End Times: /
Media submitted with form or Media was previously submitted / /

14) Scheduling Preference:
Four weeks out
Earliest available airtime
(Airdates scheduled sooner than four weeks out will not appear in TV listings.)

15) Time-Sensitive: (Must be aired within a specific time frame to be relevant. Program will stop airing after that date.)
No Yes (If yes, give date when program should stop airing with explanation.) / /

Name of Producer/Presenter (Print): _____ Signature: _____

Name of Parent/Legal Guardian (Print): _____ Signature: _____

Copyright Holder (Print): _____ Signature: _____

Home _____ Office _____ Fax _____ Cell: _____ Email _____

Please inform a Media Ugtxleg/Cunqekvg when your contact information has changed. Visit olelo.org/programs for info on file submission requirements and olelo.org/forms to review a copy of the Client Services Agreement. See back page for more submission info.

Staff Initials:
Date Received:

Please put all Media File Names in this format: SP 54321 My Show 2830

Program Type(space)ProjectNumber(space)Episode Title(space)TotalRunningTime

Program Type

SP = Special (non-series) program more than 15 minutes in length
 PS = Public Service Announcement, usually less than 2 minutes
 PR = Promo, to promote a program or a non-commercial event, any length less than 15 minutes
 ST = Short Take, any program not a PSA or a Promo, less than 15 minutes in length
 SE = Series (Please use the Series Request Form to obtain a regular series time slot)

Project Number

Your 'Ōlelo Project Number. If you don't know this number, please check with an 'Ōlelo staff member.

Episode Title

The title corresponding to a unique episode of your Project

Total Running Time (TRT)

The length of your show without colons or commas
 e.g., 1 hour, 25 minutes, 18 seconds should be written as **12518**

MEDIA INFO LABEL

<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	'Ōlelo Net (Internet)	'Ōlelo VOD (Cable TV)	Scheduling Preference	Cablecast Dates
Media File Name [Ex. SP 54321 Episode Title 2830]		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Series Timeslot → <input type="checkbox"/> 4 Weeks Out <input type="checkbox"/> Earliest Available <input type="checkbox"/> Advance Airdates → <input type="checkbox"/> Time Sensitive (Give Stop Airing Date) ____/____/____	
Producer Name '.....' <i>O UE'Rec'd Date & Initials:</i>		Adult	Local (>50%)	<i>Local Specials >5 minutes</i>		
Producer Name '.....' <i>O UE'Rec'd Date & Initials:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. *Mandatory for all VOD.*)



SP = Special SE = Series PS = PSA PR = Promo ST = Short Take

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Producer Name <i>O UE Rec'd Date & Initials:</i>		Adult	Local (>50%)	<i>Local Specials >5 minutes</i>		
Producer Name <i>O UE Rec'd Date & Initials:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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