	MEDI	A INF	O LABE	L			
Mini Studio: ☐ Yes ☐ No	Submission Due Date:		Date Received:				
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. Media File Name 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 Producer Name Processed Date & Initials		First Air 'ÖleloNet (Internet) Yes No No Adult Local (>50%) Yes No No	'Ōlelo VOD (Cable TV) □ Yes	Scheduling Preference ☐ Series Airdates → ☐ 4 Weeks Out	All Cablecast Dates		
			(>50%) □ Yes	Local Special >5 minutes	☐ Earliest Available ☐ Advanced Airdates → ☐ Time Sensitive (Give Stop Airing Date)/		
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 Example: SP 54321 My Show 5830 SE 12345 My Episode Title 2830 3-11							

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