




MEDIA INFO LABEL

Mini Studio: <input type="checkbox"/> Yes <input type="checkbox"/> No	Submission Due Date:	Date Rec'd:				
<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	'ÖleloNet (Internet) <input type="checkbox"/> Yes <input type="checkbox"/> No	'Ölelo VOD (Cable TV) <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduling Preference	Cablecast Dates
Media File Name		Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	Local (>50%) <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Special >5 minutes	<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) ____/____/____	
Election Oriented Content? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Producer Name	<i>Rec'd Date & Init..</i>					
	<i>Proc'd Date & Init.</i>					
Episode Description (120 character limit. Please give a description for programs longer than 5 minutes. <i>Mandatory for all VOD.</i>)						
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				Media Location:		


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