

Today's Date: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_



**NAME OF PROGRAM:**  
Single program \_\_\_\_\_ Series \_\_\_\_\_

**AIR DATE(S):**  
**AIR TIME:**  
**PROGRAM RUNNING TIME:**

**HOST OF PROGRAM:**

**ORDER OF PRESENTATION:**  
**SHOW DESCRIPTION:**

**GUEST APPEARANCES:**

**AVAILABLE FOR LOCAL UNDERWRITING:**  Yes, please specify  No  
Underwriters:

**EXECUTIVE PRODUCER:**

**PRODUCER/DIRECTOR:**

**PRESENTER:** WEDU

**ONLINE:** (Web site address if applicable)

**IMAGES AVAILABLE:**

**FORMAT:** What (if any) program materials are available (i.e. CD, DVD, Teacher's Guide, etc.)

**CONTACTS:**  
Name:  
Address:  
Phone:  
E-mail: