



DEVELOPMENT • DISTRIBUTION • REPRESENTATION

**CABLE**  
*ready*<sup>®</sup>

## Program Submission Form

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Owner(s)/Producer(s)

\_\_\_\_\_ Company

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State/Province

\_\_\_\_\_ Postal Code

\_\_\_\_\_ Country

\_\_\_\_\_ Phone(s)

\_\_\_\_\_ Email(s)

\_\_\_\_\_ Company Website

\_\_\_\_\_ Program Title

\_\_\_\_\_ Synopsis

\_\_\_\_\_ Episode Length

\_\_\_\_\_ Number of Episodes

\_\_\_\_\_ Available in High Definition?

\_\_\_\_\_ Current Distribution

\_\_\_\_\_ Production Credits

\_\_\_\_\_ Notes

**For our evaluation services, mail program submission form with DVD or VHS and \$500.00 USD check to:**

**CABLE***ready*

Attn: Lou Occhicone

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