



DEVELOPMENT • DISTRIBUTION • REPRESENTATION

CABLE
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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: Liz Levenson, Manager of Programming
98 East Avenue, Norwalk, CT 06851-5029 USA