

TV STUDIO RESERVATION REQUEST FORM

Please complete all fields below for accurate processing of your request. Please email completed form to Michael Zubrzycki at <u>Michael.zubrzycki@stockton.edu</u> <u>Requests are subject to approval pending academic needs and staff availability.</u>

Broadcast Entity: - The entity who initially requested for studio b transmission costs to LTN Global Communica - Non-agreement on payment of LTN services - Broadcast entity must be compatible with LT	itions. will result in taping cancellation. N products and services.
Broadcast Entity:	
Phone:	Email:
Title of Program:	
Date and Time of Studio Reservation:	
Contact Name for Taping Date:	
Program Guest:	
Name:	Faculty or Staff:
Department:	
Phone: Ema	il:
Individual placing request (if other than guest):
Phone:	Email:
 Request must be approved via en Confirmation or denial of s to requestor by M. Zubrzyc 	and to maintain all safety procedures. nail by Michael Zubrzycki. studio request will be delivered ki within 24 hours of request submission. ergencies may lengthen this timeframe. ving:

- Academic schedule
- $\circ \quad {\rm Staff \ schedule \ and \ availability}$
- o Studio technical failure
- Agreement of payment between broadcast entity and LTN (Will be verified by M. Zubrzycki prior to taping.)
- Live broadcast service is for a single talent shoot.
- If requestor has not received email confirmation