

PSA Request Form (Public Service Announcement)

 3. EVENT DESCRIPTION: 4. LENGTH: 1:00 minute 2:00 minutes PSAs must be EXACTLY 1 minute or 2 minutes in length! 5. TIME SENSITIVE: (PSA must be aired within a specific time frame to be relevant. Program will stop airing after that date.) No Yes (If yes, give date PSA should start and stop below:) START DATE: ////	1. SUBMISSION	DATE:		_		
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STOP DATE:	No 🗌	Yes (If yes, give	ve date PSA should	start and stop below	:)	
PSAs can be up to 1920x1080 in size and may be submitted in MOV, AVI, MPEG-2, or MP4 formats. They should ideally have H.264 compression. PSAs can be uploaded electronically to our website using Hightail. Name of Presenter: (Print) Signature: Date: Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:		2:/ /	/ /			
Mailing Address: City: Zip: Home: Office: Cell: Fax: Email: Representing Organization Name: Cell: Fax: Email:	They should i	deally have H.264	size and may be su compression.	bmitted in MOV, AV	I, MPEG-2, or N	1P4 formats.
Home:Office:Cell:Fax:Email:	Name of Presenter: (Print)			Signature:		Date:
Representing Organization Name:	Mailing Address:_			City:		Zip:
	Home:	Office:	Cell:	Fax:	Email:	
Copyright Holder: (Print)	Representing Orga	anization Name:				
	Copyright Holder	: (Print)				

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