



Import Program Contract

(for programs produced outside of Dedham)

Please fill out completely and submit with each tape/DVD

Producer Information:

Name _____ Date _____

Dedham Public Television Membership # _____

Name of Organization _____

Address _____

Town/City _____ State _____ Zip code _____

(H) Phone _____ (C) _____ (W) _____

Email _____

Website _____

Local Sponsor Information:

Name: _____ Membership# _____

Organization Name: _____

Address _____

Town/City _____ State _____ Zip code _____

(H) Phone _____ (C) _____ (W) _____

Email _____

Dedham Public Television
95 Eastern Avenue Dedham, MA 02026
781-326-2107 DedhamPublicTV.org



Program Information:

Title_____ Date Produced_____

Episode Title_____ Episode # _____

Single episode_____ Series_____ Monthly_____ Weekly_____

Total Run Time:_____

Format: VHS Mini DV DVD

Please provide a description of you program for promotional purposes_____

Does this program contain any material that may be unsuitable for children?

YES_____ NO_____

(If so, DPTV will add a disclaimer and schedule for the program to air after 11pm)

May we dub clips from this program for publicity or other purposes?

YES_____ NO_____

May we distribute copies requested by viewers? YES_____ NO_____

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