ECONEWS NETWORK

YES, We would like to series on our station.		
Signature Send to: Tape Coordinator:	Print Name	i ,
Station Name:		
Address:		
City, State, Zip:		
Program Director:		
Assistants:		
Telephones:		
Fax:	Email:	
Channel Number & Homes Rea	ched:	
Website:		
Cities and Counties Reached:		
Days and Times for ECONEWS:		
Format:DVD	3/4"	1/2" VHS
Mini-d v	(Other	, Specify)
Will Air Reruns:ye	sno	
Station Will Make Copies/Dubs	yes	no
Send via a Bicycle Distribution (Sta	ntion A to B to C,	etc.)yesno
weekly (one at a time) Send per Station request (will reim(station will indicate ho(per show numbers s	nburse ECONEWS for ow many at a time	postage):
Type of station:governme publi		_educational access PBS Other
Other: Send Weekly Envi		