



MetroEast Community Media
 (formerly Multnomah Community Television)
 829 NE 8th Street
 Gresham, OR 97030
 (503) 667-8848 x340
 FAX (503) 667-7710

Speakout Registration

Important: Please Fax or send to MetroEast no later than the Friday prior to your scheduled appearance

Organization _____

Mailing address _____

Contact name _____ Phone _____

Date of Show _____ E-mail _____

Total number of people appearing on your segment? **No more than 3** (circle) 1 2 3

Since the information you provide in this box **will be shown on TV**,
 please type or print clearly and make sure that spelling is accurate.

A. Program Participant #1 Name _____

Title and Organization _____

Program Participant #2 Name _____

Title and Organization _____

Program Participant #3 Name _____

Title and Organization _____

B. "For more information about _____ (organization or event)

contact _____ (person's name or organization)

at _____ (phone) _____ (web site)"

Special Technical Needs (Check items you will use in your segment)

Showing a Videotape (please circle format) SP speed only: VHS/SVHS DVCAM/miniDV (length) _____

*note: if you are bringing a tape, please cue it to the start point and describe below when you plan to show it.

Easel

Other (please specify) _____

Will you accept live phone calls? (circle) yes no

Please describe what you have planned for your segment. _____

Have you used the *Speakout* service before? (circle) yes no