

STOCKTON UNIVERSITY | SCHOOL OF ARTS & HUMANITIES

TV STUDIO RESERVATION REQUEST FORM

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

Broadcast Entity:

- The entity who initially requested for studio booking and will pay all associated broadcast transmission costs to LTN Global Communications.
- Non-agreement on payment of LTN services will result in taping cancellation.
- Broadcast entity must be compatible with LTN 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: _____ Email: _____

Individual placing request (if other than guest): _____

Phone: _____ Email: _____

- **TV studio liaison will be present during the whole taping process** to ensure proper equipment use and to maintain all safety procedures.
- **Request must be approved via email** by Michael Zubrzycki.
 - o Confirmation or denial of studio request will be delivered to requestor by M. Zubrzycki **within 24 hours of request submission.**
 - o Unique circumstances/emergencies may lengthen this timeframe.
- **Reservation is subject to the following:**
 - o Academic schedule
 - o Staff schedule and availability
 - o Studio technical failure
 - o 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 **within two business days** of submission, requestor **MUST** follow-up with M. Zubrzycki at Michael.Zubrzycki@stockton.edu to check on their request status **by the end of the next business day.**