

APPEARANCE

Note: Please type or fill out this form and return it with any logos, photos or videos, no later than **3 days** before your appearance. If this appearance form is not received within this time frame, your segment will be rescheduled.

DATE OF APPEARANCE:	BUSINESS/ORGANIZATION NAME:
CONTACT PERSON:	
CONTACT E-MAIL ADDRESS:	CONTACT PHONE #:
ADDRESS TO APPEAR ON SCREEN:	
PHONE NUMBER TO APPEAR ON SCREEN:	
WEBSITE OR SOCIAL MEDIA TO APPEAR ON SCI	REEN:
WHO WILL APPEAR: (please include the title/affil	liation of who you are representing) Max of 2.
EVENT DETAILS IF APPROPRIATE: (event name, le	ocation, date, time, costs etc)
PLEASE GIVE AN EXPLANATION OF WHAT YOU	WANT TO PROMOTE/TALK ABOUT?
LIST THE QUESTIONS YOU WANT THE HOST TO DISPLAY ON SCREEN.	ASK. IF IT APPLIES, PLEASE ATTACH ANY BULLET POINTS WE CAN
1. 2. 3. 4.	

For screen appearance, business/casual dress is required. Solid colors are recommended.

michelle.strickland@prtc.coop or attach to this form.