Regional TV Commercial Placement Form

| Company Name |
|-------------------------------|
| |
| Contact Person |
| |
| Email Address |
| |
| Phone Number |
| |
| Region(s) |
| Tr/ Observe (/c) |
| TV Channel(s) |
| Commercial Language |
| Commercial Language |
| Start Date |
| |
| End Date |
| |
| Frequency (per day) |
| |
| Preferred Time Slot(s) |
| |
| Commercial Duration (seconds) |
| |
| Commercial Format |
| |
| Additional Notes/Instructions |
| |
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