

Application Form for Media Coverage at the Subaru Telescope
(Send to: PIO Office; FAX +1-808-934-5984 or email to pr_inquiry@naoj.org)

1. Applicant

- Name _____
- Affiliation _____
- Mailing address _____
- Phone # _____ / FAX # _____
- E-mail _____

2. On-site contact person (during coverage process)

- Name _____
- Phone # _____ / FAX # _____
- Cellular phone # _____
- Local accommodation information

3. Project

- Title _____
- Date of publication or broadcast _____
- Target audience and the purpose/scope of the program _____

- If interview: topic of interview and persons to be interviewed

4. Date, time, and location of coverage

Date	Time (in 24 h style)	Base	Summit	Photo/Video/Interview		
	: - :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	: - :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	: - :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	: - :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Name of crews _____

- Equipment _____

5. Signature _____ **Date** _____

For office use

Subaru staff assigned _____ Date _____

Interviewee (if different) _____ Date _____

Director's signature _____ Date _____