



# Pre-production Plan

Submit to Production Services Department  
1309 S. Wood St., Chicago, IL 60608  
(Phone) 312-738-2846  
(Email) productionservices@cantv.org

Allow 24 hours for consideration

**\*\*Be sure to save this editable form to your computer before entering information\*\***

Date: \_\_\_\_\_ Certification #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Address: \_\_\_\_\_

Program Title: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

### Choose equipment/facilities:

**\*Production must be complete within 3 months of equipment/studio use**

Studio (One studio reservation & up to four hours of editing)

Field (Two camera reservations & up to 12 hours of editing)

Editing (up to 12 hours of editing)

Studio in a Box (One reservation & up to eight hours of editing)

### FOR STAFF USE ONLY

Date: \_\_\_\_\_

By: \_\_\_\_\_

Project: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Reject Date: \_\_\_\_\_

Re-submission: \_\_\_\_\_

#### **If Studio:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

By: \_\_\_\_\_

On: \_\_\_\_\_

Describe your program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR STAFF USE ONLY

AC 130: \_\_\_\_\_ OTHER: \_\_\_\_\_

SIAB: \_\_\_\_\_

EDIT: \_\_\_\_\_

DUB: \_\_\_\_\_

Conf. Room: \_\_\_\_\_ EXEMPTION DATES: \_\_\_\_\_

Project #: \_\_\_\_\_ ISSUED: \_\_\_\_\_ BY: \_\_\_\_\_