



New Producer Registration Form

First Name: _____ Last Name: _____

Email address: _____

Home Telephone: _____

Please indicate the best contact time and method:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Weekday | <input type="checkbox"/> Prefer contact by phone |
| <input type="checkbox"/> Weeknight | <input type="checkbox"/> Prefer contact by email |
| <input type="checkbox"/> Weekend | |

Please list the proposed title/subject of your show: _____

Please provide a brief description of your program idea: _____

Please rate your experience level:

- Novice – no experience
- Moderate – related experience
- Skilled – have some production experience
- Producer – have experience producing shows

Please return the completed form to Biddeford Public Access, 15 Columbus Way, Biddeford, ME 04005, or by email to b.a.producer@biddefordmaine.org.