



**HopeChannel**  
INTER-AMERICA

## CARRIAGE REQUEST

Event Name:		
Church Organization:		
Address:	Contact Person:	
	Email:	
	Phone:	
Broadcast Dates:	Broadcast times (please note time zone):	
Event to be carried on:	Languages:	Record and Rebroadcast:
How will program will sent to master control? <input type="checkbox"/> Satellite Downlink <input type="checkbox"/> Internet Box <input type="checkbox"/> Back Haul <input type="checkbox"/> Direct to Home	Hours:	Treasurer authorization
		If your event is an oficial IAD event must be approved and signed by the IAD Treasury,
Please specify details of downlink:  Person in charge:  Phone number:  Sattellite information:		Hope Channel Inter-America Board Authorization

Please note that all broadcasting charges will be billed to booking entity. Hope Channel Inter-America or Hope Channel Inc. will not be responsible for these costs or any costs associated with this event.