PARTICIPATION FORM

## Organisation :

Channel(s) involved :

Number of programmes involved:
Contact person :
First name :
Last name :
Email :
Phone number :

Level of participation A I No modification of the programming schedule Target: Radio an TV
Please, list the TV or radio programmes including the Med Week logo or musical jingle

| Title of the programme | Format | Channel | Date of <br> programming | Time of <br> programming | Category <br> (1 to 4) |  |
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Target: All the COPEAM members including radio and TV broadcasters
Please, describe the website section showing the Med Week logo and devoted to the initiative

| URL of the dedicated site <br> section | Title of the <br> content | Type of content | Date of uploading | Category* <br> $(1$ to 4$)$ |  |
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Target: Radio and TV
Please describe the special programmes planned within the framework of the 2013 edition

| Title of the programme | Format | Channel | Date of programming | Time of programming | Category* (1 to 4) | Short description |
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For any additional information and to send the participation form of the Week of the Mediterranean, please contact:

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