



PARTICIPATION FORM

General information

Organisation :
Channel(s) involved :
Number of programmes involved :
Number of programmes involved : Contact person :
Contact person :
Contact person : First name :

Levels of participation

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 programming	Time of programming	Category* (1 to 4)	Short description

Levels of participation

Level of participation B I Internet special programming

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 section	Title of the content	Type of content	Date of uploading	Category* (1 to 4)	Short description

Levels of participation

Level of participation C I Adaptation of the programming schedule 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

Save and send the form



For any additional information and to send the participation form of the Week of the Mediterranean, please contact:

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