

ACCESS TRAINING COURSE APPLICATION

Name:	Date:
Address:	
City:	Zip:
Name of program:	
Phone #:	Cell #:
E-MAIL:	
Organization (If Applicable):	
Main Area of Interest:	(STUDIO, EDITING, PORTABLE FIELD PRODUCTION EQUIPMENT)
Studio Location:	(STUDIO, EDITING, PORTABLE FIELD PRODUCTION EQUIPMENT)
Special Skill/Talent:	
	Please submit your completed application:
	Charter Communications
	207 Tuckie Road
	North Windham, CT 06256
	Attn: Public Access Training
	Or email application:
	PEG.CTNE@charter.com
	For Internal Use Only
Approved by:	
Date processed:	