



NEWTOWN, CT

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: _____

Special Skill/Talent: _____

Please submit your completed application:

Charter Communications

11 Commerce Road

Newtown, CT 06470

Attn: Public Access Training

Or email application:

PEG.CTW@charter.com

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For Internal Use Only

Approved by: _____

Date processed: _____