BROOKLYN BULLETIN BOARD FORM

Community Media Center Interim Location : 242 3rd Street | Brooklyn, NY 11215
P: 718-683-5605 | F: 718-935-1123 | bricartsmedia.org/community-media

FIRST TIME SUBMISSION: If you represent a non-profit organization, you must first fax a copy of your 501(c)3 IRS document to: 718-935-9470 Attention: Brooklyn Bulletin Board.

For faster service: Register your organization online at www.bricartsmedia.org/brooklynbulletinboard. Once we receive a copy of your 501(c)3 and your organization has been approved, you can submit your announcements online.

- **Submit your announcement at least 3 weeks in advance of your event**
- **It may take up to 7 business days for your event to appear on the Brooklyn Bulletin Board**
- **If you are faxing your event's information, complete this form as specified.**
- **YOUR MESSAGE CAN BE NO LONGER THAN 7 LINES; NO MORE THAN 25 SPACES PER LINE.**
- **We do not accept press releases, emails or attachements.**
- **We reserve the right to edit copy submitted.**
- **On-going events must resubmit EVERY THREE MONTHS**

ORGANIZATION NAME: _____

CONTACT PERSON: _____

PHONE:_____ FAX:_____

E-MAIL: _____

BROOKLYN, NY ZIP:_____

CIRCLE ONE CATEGORY TO BEST DESCRIBE THE EVENT/SERVICE:

Around Brooklyn Arts/Culture Government Education Health Sports

DATE ANNOUNCEMENT SHOULD STOP RUNNING:
_____/_____/_____

YOUR EVENT LISTING FOR BROOKLYN BULLETIN BOARD.

Enter one character per box. Spaces between words count as one character. Please include spaces.

NAME OF EVENT:

BRIEF DESCRIPTION:

DATE & TIME OF EVENT (Indicate AM or PM) :

ADDRESS OF EVENT:

NAME OF SPONSORING ORGANIZATION:

CONTACT INFORMATION (TELEPHONE # OR WEB URL):

I agree to supply BCAT TV Network with all requested information in order to have my announcement appear on the BCAT TV Network Channels. I agree to indemnify and hold harmless Time Warner City Cable Group, Brooklyn/Queens Division, Cablevision of NYC, RCN Telecomm Services, Verizon, BCAT TV Network and BRIC Arts | Media | Bklyn, or their respective Directors, Officers, Employees and Agents from liability or legal fees and expenses incurred as a result of my cablecast message. I have read and understand BRIC's Community Media Center Polices and Procedures and agree to abide by them.

SIGNATURE: _____ DATE:_____ /_____ /_____