

Application Form for Filming of the Subaru Telescope

(Send to: PR Office; FAX +1-808-934-5984)

(Complete section 1 – 5)

1. Applicant

- Company name _____
- Name _____
- Mail Address _____

- Phone # _____ / FAX # _____
- E-mail _____ (if possible)
- Browse homepages Yes No

2. On-site Contact

- Name _____
- Phone # _____ / FAX # _____
- Cellular Phone # _____ (if possible)

3. Project

- Program name _____
- Expected date of broadcast or publication _____
- Objectives of the program _____

4. Date, time, and location of filming / interview requested

Date	Time	Base Facility	Subaru Telescope	Filming/ Interview
	: ~ :	<input type="checkbox"/>	<input type="checkbox"/>	
	: ~ :	<input type="checkbox"/>	<input type="checkbox"/>	
	: ~ :	<input type="checkbox"/>	<input type="checkbox"/>	
	: ~ :	<input type="checkbox"/>	<input type="checkbox"/>	

- Contents of interview _____
- Total number of crew _____
- Equipment _____

5. Signature _____ Date _____

Staff's signature _____ Date _____

Director's signature _____ Date _____