



Created by Cable. Offered as a Public Service.

# LAUNCH CONFIRMATION FORM

Today's Date: \_\_\_\_\_

To: Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

From: Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax (202)638-5244

MSO Name: \_\_\_\_\_  
System Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Area Served: \_\_\_\_\_  
State: \_\_\_\_\_  
DMA: \_\_\_\_\_

Network(s) Launched: (Please circle appropriate network(s))

C-SPAN

C-SPAN2

C-SPAN 3

Channel #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subscribers: \_\_\_\_\_

Launch Date: \_\_\_\_\_

If new construction or rebuild: Potential subs \_\_\_\_\_

By \_\_\_\_/\_\_\_\_/\_\_\_\_

Carriage: (Please circle appropriate)

Cable

SMATV

MMDS

Other \_\_\_\_\_

General Manager  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

Marketing Manager  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

Education Contact  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

Public Affairs/Government Contact  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

Please return via fax, (202)638-5244, upon completion. Thank you for your assistance.

Signature: \_\_\_\_\_

**FOR C-SPAN USE ONLY**

Check if new:

Updated:

Printed & Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Action Taken: \_\_\_\_\_