

REQUEST FOR PRODUCTION

DATE:

EVENT DATE:

Event Subject

REQUESTOR INFORMATION

First Name:

Last Name:

E-mail Address:

Mobile Phone:

Office Phone

LOCATION INFORMATION

Venue Name:

Address:

Venue POC

POC E-mail

ASPA Contact
Name:

POC Phone

ASPA Contact
Phone:

Contact E-mail

INITIAL ADVANCE QUESTIONS

Will Host be
Live-Streaming
the event

YES

If so, can HHS
receive a
digital copy

YES

If so, what is
the turn-
around time

Streaming POC

E-mail

Streaming URL

EVENT

Type of
Production

Live Event
Speech
Roundtable Discussion
Tour
Interview
Field Production
Other

Production

Live Stream

Yes

Stream URL

Stream Key

Field Production

Remote Crew
Mix

Local Crew

Final Products

Highly-
Produced
Highlight Video:

Final Due

Deliver to:

HHSGov YT
Twitter
Other

DropBox
InstaGram

FaceBook

Social Media
Highlight Clips:

Final Due

Deliver to:

HHSGov YT
InstaGram

DropBox
Other

FaceBook

Twitter

Ensuring Live
Stream for
High-Profile
Speech:

Stream to: HHSGov YT DropBox FaceBook Twitter
 InstaGram Other

Other or
Archival
Footage:

Final Due

Deliver to: HHSGov YT DropBox FaceBook Twitter
 InstaGram Other

NOTES

Additional
comments or
questions:

HHS TV CONTACTS:

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