

NZ ON AIR TALENT REGISTER FORM

Name:

Address:

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Telephone (work) (home)

..... (mobile)

Fax (work) (home)

E-mail

List of Major Credits (in date order with the most recent presented first)

Year of Production	Programme Title	Genre	Duration (eg 6 x ½ hr)	My role/credit (e.g. Producer)	Broadcaster

Return this form to Teresa Tito, NZ On Air, PO Box 9744, Wellington

THE INFORMATION COLLECTED IN THIS FORM IS INTENDED FOR CONFIDENTIAL
USE OF NZ ON AIR ONLY