



Bid Request Form Realtime Captioning Services

Email the form to: admins@captionsolutions.com

Name _____

Title _____

Company Name _____

Address _____

City, State, ZIP _____

E-mail Address _____

Phone Number _____

Programs to be Captioned _____

Program Names _____

Program Lengths _____

Airdate/Start Date and Time _____

- Airtime ET
 CT
 MT
 PT

How often? Once

- Daily
 Weekdays
 Weekends
 Weekly
 Monthly
 Occasionally

Number of hours per year _____

Is program completed more than 24 hours prior to first airing?

- Yes
 No

Additional Notes: