



Centre d'Information sur les Médias A.S.B.L.
 Centrum voor Informatie over de Media v.z.w.

**CIM RADIO MEASUREMENT
 NEW CHANNEL PARTICIPATION REQUEST
 (SUBSCRIBERS OF LEVEL 2)**

Subscriber (CIM member):

V.A.T. number:

Address:

Phone: Fax:

Subscriber Representative:

E-mail:

I have read and agree with the rules applying to this study as published on <http://www.cim.be/fr/media/radio/r%C3%A9glement> (French version) or <http://www.cim.be/media/radio/reglement> (Dutch version) and the tariffs as published on http://www.cim.be/downloads.php?files=CIM%20Radio_subscription_level2.pdf

I wish to introduce in the CIM Radio study:

- one or more individual radio stations (scenario 2)
- a radio network or group of radios (scenario 1)

Please find the station name(s):

- listed in attachment
- here:
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Research contact for the radio study is :

E-mail:

Date :

Signature Representative: