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 www.cim.be (see section for experts) and the tariffs as published on www.cim.be

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: ……..