



## Guest Appearance Worksheet

<b>KLL Contact:</b> <b>KELO AE:</b>	<b>Client Contact/Cell:</b>
<b>*Record Day/Date/Time:</b> <b>Airdate:</b>	<b>Email:</b>
<b>Benefit for Viewer:</b>	<b>Client/Main Topic:</b>
<b>Host:</b>	<b>Set:</b>

### SEGMENT INFO

**3 Main Talking Points You Would Like Us To Address During Your On-Air Segment:**  
**PLEASE BE THOROUGH- We can best represent what you want the more info provided**  
*Need Help?: What subjects do you know the most about? What do people find interesting about your business/organization? How can you help people? What kinds of questions do you receive most frequently?*

1)	
2)	
3)	

- Zoom IVU Pre-Record\***    
  **In-Studio**    
  **Zoom IVU As-Live**    
  **In-Studio & Live Zoom**

### SEGMENT GRAPHICS:

*Please put info in this column*

### FINAL GRAPHICS

Segment Title Graphic:	<input type="checkbox"/> Logo Sent	
INTRODUCTION COPY:		
SEGMENT TITLE CG:		
Name/Title: Cell #:	NAME 1:	
Name/Title: Cell #:	NAME 2:	
Phone:	PHONE CG:	
Website:	WEBSITE CG:	
ON-SCREEN GRAPHIC 1:	<i>Max of 5 Please</i>	
ON-SCREEN GRAPHIC 2:		
ON-SCREEN GRAPHIC 3:		
ON-SCREEN GRAPHIC 4:		
ON-SCREEN GRAPHIC 5:		

Contact Info:	Address, Phone & Web URL	
TAG 1 GRAPHIC:		
TAG 1 COPY:		
CALL TO ACTION:		
TAG 2 COPY:		

*Props/Demonstrations and/or pictures/video are encouraged for an appearance on KELOLAND Living. Think of this as "show & tell." Do you have a demonstration you can do on-site or that you take "on the road" that enlightens potential customers? Please bring a completed version of your DIY. It also helps to bring in different stages already completed.*

**Need A FileSharing Link to send us your Logo/Pictures/Video?  Yes**

*Instructions & Link will be sent to you via Email*

**Describe Your Demonstration**

**Are you Bringing Props/Need our Demonstration Desk?**

If yes, please list props and what you need here:

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**Check the items you'll need:**

Electricity <input type="checkbox"/>	Refrigerator <input type="checkbox"/>	Freezer <input type="checkbox"/>	Hot Plate <input type="checkbox"/>	Clothing Rack <input type="checkbox"/>	Dress Form <input type="checkbox"/>
Display Table <input type="checkbox"/>	Display Racks <input type="checkbox"/> # _____	Pedestal <input type="checkbox"/> # _____	Bowls <input type="checkbox"/> # _____	Glasses <input type="checkbox"/> # _____	Plates <input type="checkbox"/> # _____

**Additional Notes:**