



35th NATIONAL STATISTICS MONTH
Media Awards



**Form 1-D Nomination Form for
Best Statistical Reporting in Radio Broadcast Media**

Title of Nominated Radio Program: _____

Affiliated Agency/Organization: _____

Nominating Official's Name: _____

Contact Information:

Address: _____

Cellphone No. _____ TeleFax No. _____

E-mail Address: _____

| Title of Segment/Documentary Program (with link) | Source of data/statistics (link) | Date Aired (Coverage: Aug 2023 to Jul 2024) |
|---|-------------------------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |

From the list above, identify the entry to be rated: _____

Proof of evidence illustrating the reach and impact:

- Number of online shares/views
- Google analytics (number of webpage hits)
- Other evidence/s Please specify: _____

Mode of Submission:

- E-mail
- Personal Delivery
- Courier

By submitting this form, you agree to the immunity of the members of the Board of Judges, the PSA and its employees from any legal suit that may arise from or relative to the conduct of the contest. You also agree and give the PSA the right to use the articles/reports as materials for information dissemination/advocacy programs related to the any statistical activities without undue disadvantage to the writer/author and/or producer.

DEADLINE OF SUBMISSION: 05 August 2024 (5:00 PM)
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