

Synchronization License Request

Date of Request _____ Your Email _____

Your Name _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Type of Request (check box)	Motion Picture <input type="checkbox"/>	Film Festival <input type="checkbox"/>	TV <input type="checkbox"/>
Video/DVD <input type="checkbox"/>	Commercial Advertising <input type="checkbox"/>	Other _____	

Production Title _____

Brief Synopsis _____

Song Title _____

Writer(s) _____

Publisher(s) _____ Parody Lyrics Yes No (If yes, attach parody lyrics)

Master / Re-recording / Cover Artist (Circle One) Artist _____

Type of Use (check box)	Background Vocal <input type="checkbox"/>	Background Instrumental <input type="checkbox"/>
Visual Vocal <input type="checkbox"/>	Visual Instrumental <input type="checkbox"/>	Other _____

Number of Uses _____ Duration of Use(s) _____

Territory _____ Term _____ Media _____

Scene Description of Use _____

Proposed Fee \$ _____

Genre (Comedy, Drama, etc.) _____ Budget _____

Producer _____ Writer _____ Director _____

Main Cast Members _____ Release Date _____

Other Music/Songs _____