



Account No. \_\_\_\_\_

**Allen Alexander**  
Director of Symphonic & Educational Licensing  
Phone: 1.800.652.7227 #1, 2  
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July 1, 2004 – June 30, 2005 College and University Student Enrollment Report and Invoice (One Tier)

**PLEASE NOTE THAT THIS REPORT IS DUE NOVEMBER 1, 2004.**

Total of next two lines, "Full Time Student Equivalent"(FTE) enrollment in **Fall, 2004** \_\_\_\_\_

- The number of all full-time undergraduate and graduate students \_\_\_\_\_
- Plus one-third of all part-time undergraduate and graduate students. \_\_\_\_\_

|                                 |  |  |
|---------------------------------|--|--|
| <b>Base License Fee</b>         | <b>28 Cents Per "Full Time Student Equivalent"*:</b> | \$ _____   |
|                                 |  | (Result rounded to the nearest 10 <sup>th</sup> of a cent) |
|                                 | <b>Or</b>  |  |
| <b>Minimum Base License Fee</b> | <b>\$ 224</b>  | _____  |
|                                 | (Higher amount of either Base or Minimum Fee) =      | \$ _____   |

+

|                          |  |  |
|--------------------------|--|--|
| <b>Cable License Fee</b> | <b>5.25 Cents Per "Full Time Student Equivalent"*:</b>                         | \$ _____   |
|                          |  | (Result rounded to the nearest 10 <sup>th</sup> of a cent) |
|                          | <b>Total Licensing Fees:</b>   | = \$ _____   |
|                          | (Total of Higher amount of either Base or Minimum Fee and Cable License Fee) = |  |

Note: For Licensee's reporting enrollment for multiple campuses or institutions, please attach a list of the individual schools for which enrollment is being reported.

I hereby certify that the foregoing statement is true and correct as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
LICENSEE (COLLEGE OR UNIVERSITY)

\_\_\_\_\_  
SIGNATURE AND DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
FAX

\_\_\_\_\_  
(COLLEGE OR UNIVERSITY) CITY AND STATE

\_\_\_\_\_  
PLEASE PRINT NAME AS SIGNED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL ADDRESS

*Please return the completed form to:*  
**ASCAP, S & E Licensing, One Lincoln Plaza, New York, NY 10023**  
Website: [www.ASCAP.com](http://www.ASCAP.com) Fax: 212-873-3133