



ASCAP

AMERICAN SOCIETY OF COMPOSERS, AUTHORS AND PUBLISHERS
Blanket Concert Report

Account No. Report for the Quarterly Period: Date Completed: Licensee:

Report Completed By: Title:

Telephone #: Fax #: Email Address:

Reports are due for the quarters:

Table with 10 columns: EVENT DATE (MM/DD/YY), PERFORMER & OPENING ACTS, VENUE / EVENT LOCATION, CITY, STATE, SEATING CAPACITY *, (A) GROSS REVENUE **, (B) % APPLIED TO GROSS REVENUE (see below), (C) EVENT FEE (A) X (B) =(C), PROGRAM OR SONG LIST ATTACHED (Y/N), CO-SPONSOR? Y/N ***

Specify quarter(s) with no events. 1st 2nd 3rd 4th Year 20
Specify quarter(s) with no events. 1st 2nd 3rd 4th Year 20

\$

Table with 2 columns: Seating Capacity*, % Applied to Gross Revenue**. Rows include ranges from 0-2,500 to Over 25,000 with corresponding percentages.

Other Quarters

*Where the total seating capacity of a location has been altered to accommodate a particular performance, the term "Seating Capacity" shall mean the total number of seats made available for that particular performance and shall be so indicated on the report.
***Gross Revenue" means all monies received by LICENSEE or on LICENSEE'S behalf from the sale of tickets for each concert. Gross revenue shall not include per ticket entertainment, amusement, or sales taxes, commissions or fees paid to automated ticket distributors, such as "Ticketmaster," per-ticket theatre restoration or other facility fees, or parking fees when included in the ticket price.
***If the event is co-sponsored, identify by attaching to this report form the co-sponsor, address, phone number & their ASCAP account number.

NOTE: To report a Free or Benefit Event, please phone 1-800-652-7227 #1 to request the appropriate form.

Charge My Credit Card VISA MasterCard

Name As It Appears on the Credit Card:

Credit Card Number

Expiration Date: Month Year

For Internal Use Only: CC Processed By: Date:



ASCAP

Account No. _____

Allen Alexander
Director of Symphonic & Educational Licensing
Phone: 1.800.652.7227 #1
(212) 873-3133 Fax

July 1, 2004 – June 30, 2005 College and University Student Enrollment Report (Two 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. _____

Base License Fee	26 Cents Per "Full Time Student Equivalent"*:
	\$ _____ (Result rounded to the nearest 10 th of a cent)
	Or
Minimum Base License Fee	\$ 179
	(Higher amount of either Base or Minimum Fee) =
	\$ _____

+

Cable License Fee	5.25 Cents Per "Full Time Student Equivalent"*:	\$ _____
	\$ _____ (Result rounded to the nearest 10 th of a cent)	

Total Licensing Fees: = \$ _____

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)

(COLLEGE OR UNIVERSITY) CITY AND STATE

SIGNATURE AND DATE

PLEASE PRINT NAME AS SIGNED

TITLE

TELEPHONE NUMBER

EMAIL ADDRESS

FAX NUMBER

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

For Internal Use Only: CC Processed By: _____ Date: _____