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ASCAP

2007 - 2008 College and University Student Enrollment Report - Two Tier

Account Number: ☐☐☐☐☐☐☐☐☐ Premise Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PLEASE NOTE THAT THIS REPORT IS DUE DECEMBER 1,2007

Total of the next two lines, "Full Time Student Equivalent" (FTE) enrollment in Fall 2007 _____

The number of all full-time undergraduate and graduate students _____

Plus one-third of all part-time undergraduate and graduate students _____

Step 1 - Base License Fee

30 Cents Per "Full Time Student Equivalent"

$ _____
(Result rounded to the nearest 10th of a cent)

or Minimum Base License Fee: $206

Higher amount of either Base or Minimum Fee = $_____

Step 2 - Cable License Fee

6.10 Cents Per "Full Time Student Equivalent" $ _____
(Result rounded to the nearest 10th of a cent)

Total Licensing Fees (Step 1 + Step 2): $ _____

Note: For Licensee's reporting enrollment for multiple campuses or institutions, please attach a list of the indivdual 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 & State
Signature	Please Print Name
Telephone Number	Title
Fax	Email Address

Please return completed form to:
ASCAP, S & E Licensing; One Lincoln Plaza; New York, NY 10023
Website: www.ASCAP.com

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BLANKET CONCERT AND RECITAL (BCON)

2007 Report Form

ASCAP

Account Number: Premise Name:

Reports are due 15 days after each calendar quarter
Jan 15 (Oct - Dec), Apr 15 (Jan - Mar), Jul 15 (Apr - Jun), Oct 15 (Jul - Sep)

Report for the Quarterly Period:

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)
								O Yes O No	O Yes O No
								O Yes O No	O Yes O No
								O Yes O No	O Yes O No
								O Yes O No	O Yes O No
								O Yes O No	O Yes O No
								O Yes O No	O Yes O No

$

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

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

(B) - % Applied to Gross Revenue	
Seating Capacity*	**% Applied to Gross Revenue****
0 - 2,500	0.80%
2,501 - 5,000	0.40%
5,001 - 10,000	0.25%
10,001 - 25,000	0.20%
Over 25,000	0.10%

* 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 and their ASCAP account number.

Note: To report a Free or Benefit Event, please phone 1-800-505-4052 to request the appropriate form, or use EZ ASCAP Concert Reporting at www.ascap.com/gls_web to complete your entire report on-line or make payments on your account.

Charge My Credit Card: O VISA O MasterCard **Name as it appears on the Credit Card:**

Credit Card Number: **Expiration Date (MM/YY):** /

Contact Person & Title

Phone Number: - - Ext: Fax Number: - -

Email: Website:

I certify the above information is true and correct.

Dated: / / Signature:

ASCAP, S&C Licensing, One Lincoln Plaza, New York, NY 10023 212.873.3133 (Fax)
Epayment Websites: http://www.ascap.com/gls_web or http://www.ascap.com