4982645053

PER CONCERT AND RECITAL (PCON)

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:

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(B) - % Applied to Gross Revenue	
Seating Capacity*	**% Applied to Gross Revenue****
0 - 2,500	1.20% (0.0120)
2,501 - 5,000	0.60% (0.0060)
5,001 - 10,000	0.38% (0.0038)
10,001 - 25,000	0.30% (0.0030)
Over 25,000	0.15% (0.0015)

* 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, 2675 Paces Ferry Rd. SE, Suite 350, Atlanta GA 30339-3913 1-800-505-4052 770-805-3475 (FAX)
Epayment Websites: http://www.ascap.com/gls_web or http://www.ascap.com

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