



INDUSTRIAL REGISTER OF TITLE FORM

* PLEASE NOTE: A COPY OF THE SCRIPT MUST BE FORWARDED TO EXPEDITE TITLE REGISTER. PLEASE FILL OUT FORM COMPLETELY.

Date: _____

Signatory company for this project: _____

Address: _____

Contact name: _____ Position in Company: _____

Phone: _____ Fax: _____ E-mail: _____

Industrial Project Title: _____

Start date: _____ Completion date: _____

Projected Edited Length: _____

Location: _____ Industrial Project Type: Category 1 Category 2

Produced by: _____

Client: _____

Description of Industrial project:

Where will this Industrial be viewed:

Will this Industrial be broadcast on Television, in Theatres, or on the Internet (Supplemental Use)?

No Yes If yes, when: _____

In addition, please place a check mark if you intend to include any of the following in your production:

Minors Animals Singers Puppets Stunts Nudity