

Taping/Public Performance of Television and Radio Programs

SCHEDULE
(Subsection 6 (1))

INFORMATION RECORD

Educational Institution identifier (if assigned): _____

Name and address of institution: _____

Contact name: _____

Telephone: _____ Facsimile: _____ E-mail: _____

Details of Program, Work or Subject-matter

Copy identifier: _____

Title of program, work or subject-matter: _____

Other identifying information: _____
[e.g. episode title, subject, segment description, song title(s)]

Duration of segment copied: _____ minutes

Date of broadcast (yy/mm/dd): _____ Time of broadcast: _____

Name, network, call sign or other identifier of the broadcaster: _____

Record of Public Performances

(List only performances for which royalties are payable)

yy/mm/dd	yy/mm/dd
_____	_____
_____	_____
_____	_____
_____	_____

(Use separate sheet to list additional performances)

Record of Destruction

I certify that the copy of the program, work or subject-matter identified above has been destroyed.

Name: _____

Title: _____

Signature: _____

Date of destruction (yy/mm/dd): _____