

**LICENSING REQUEST
SYNCHRONIZATION**

NAME OF CONTACT PERSON FOR THIS FILE : _____

PRODUCER'S NAME + COORDINATES (INCLUDING TELEPHONE AND EMAIL) : _____

TITLE OF PROGRAM : _____ # EPISODES : _____ DURATION : _____

GENRE : TV SERIES VARIETY SHOW/MAGAZINE SHORT-LENGTH FILM MEDIUM-LENGTH FILM FULL-LENGTH FILM
DOCUMENTARY VIDEO CLIP ADVERTISING CONCERT RECORDING CORPORATE VIDEO
OTHER : _____

BUDGET OF THE PROGRAM : _____ BUDGET ALLOCATED TO MUSIC : _____

ORIGINAL SOUNDTRACK COMPOSER : _____

IS THE MAIN PROGRAM PRIMARILY CONSTITUTED OF MUSICAL CONTENT? : YES NO

MUSICAL WORKS REQUESTED

TITLE	DURATION	PERFORMER(S)	AUTHOR(S)/PUBLISHER
01 :	full length version excerpt ____m ____s		
02 :	full length version excerpt ____m ____s		
03 :	full length version excerpt ____m ____s		
04 :	full length version excerpt ____m ____s		
05 :	full length version excerpt ____m ____s		

TYPE OF USE : BACKGROUND VOCAL CREDITS

WILL THE MUSIC AND/OR LYRICS HAVE PLAY A PART IN THE STORYLINE ? YES NO

WILL THE LYRICS BE MODIFIED ? YES NO - If YES, please describe the changes in an annex document

TYPE(S) OF EXPLOITATION

THEATRICAL TRAILER THEATRES CONVENTIONAL TV : _____
PAY TV : _____ SPECIALTY CHANNELS : _____
ONLINE EXPLOITATION VIDEO (DVD, BLU-RAY) (EXCEPT VOD) VIDEO ON DEMAND (VOD) FESTIVAL
NON-COMMERCIAL EXPLOITATION (SCHOOL, MUSEUM) OTHER : _____

TERRITORY(IES)

QUEBEC CANADA UNITED STATES N. AM. + EUROPE WORLD OTHER : _____

DURATION OF LICENSE : FROM _____ TO _____

SUGGESTED PRICE BY PRODUCER (EXCLUDING THE MASTER RECORDING) : _____

**WITH THIS REQUEST YOU MUST PROVIDE A SYNOPSIS OF THE PROGRAM
AND A DESCRIPTION OF HOW THE MUSIC SHALL BE USED**

Please return this completed form by fax : 514 845-3401
by email : synchro@sodrac.ca
by mail : Tower B, Suite 1010, 1470 Peel street, Montreal, Quebec, Canada, H3A 1T1