

**PRODUCT NOTIFICATION
PHYSICAL AUDIO RECORDING**



Please fill out one copy for each product

Use only if you have selected the Physical Mechanicals option in your Representation Agreement.

PRODUCTION TITLE : _____

PERFORMER : _____

RELEASE DATE : _____ PRODUCT NUMBER : _____

QUANTITY MADE : _____ MEDIUM(S) : _____

ALSO AVAILABLE IN DIGITAL FORMAT? NO YES AUTOPRODUCED? NO YES

LIST OF WORKS ON THE PRODUCTION

	ISRC CODES	TITLES	DURATION
01 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
02 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
03 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
04 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
05 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
06 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
07 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
08 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
09 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
10 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
11 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
12 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
13 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
14 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____
15 :	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	_____	_____

NAME AND COORDINATES OF THE LABEL/RECORD COMPANY : _____

NAME AND COORDINATES OF THE DISTRIBUTOR : _____

IS THE PRODUCT DISTRIBUTED ABROAD? NO YES IN WHICH MARKET(S)? _____

HAVE YOU RECEIVED ADVANCE ROYALTIES FOR THIS PRODUCT? NO YES FOR HOW MANY COPIES? _____

DATE OF LATEST PAYMENT : _____

NAME : _____ SIGNATURE : _____

DATE : _____

Please return this completed form by email : reproduction@socan.com

by mail: 41 Valleybrook Drive, Toronto ON M3B 2S6