



AMERICAN FEDERATION OF MUSICIANS REPORT FORM TELEVISION AND RADIO COMMERCIAL ANNOUNCEMENTS

RPN⁰

DATE:
ADVERTISER:
PRODUCT:
ADVERTISING AGENCY:
AGENCY REP.:
AGENCY ADDRESS:
AGENCY REP. PHONE:

ORIGINAL SESSION AFM Local No.:
Recording Date:
Recording Studio:
City:
Hours of Employment:
Music Prod. Co. Name:
RE-USE, DUBBING, NEW USE OR OTHER
Original Report Form No.:
Original Recordings Date:

(a) LOWEST No. OF REPORTED HRS WK'D:
(b) No. OF ANNOUNCEMENTS CLAIMED:

One announcement may be claimed for every 20 minutes reported in (a) above, subject to a maximum of 8 announcements for synthesizer-only sessions.

IDENTIFICATION Titles and Code Nos. (Include track length for original sessions only.) When identification changes give prior and new.

Table with 3 columns: Original (Or Prior) Identification, TRK LGTH, New Identification. Rows A through G.

Check 1 and only 1 from each of these three columns.
Payment Type: Original Session, Initial Use, Re-Use, New Use, Dubbing, Dubbing (Longer/Shorter Version), Other.
Medium: TV, Radio (13 weeks), Radio (8 weeks), Non-Broadcast, Other.
Rates: National, Foreign, Regional (Nat'l Adv), Regional (Reg. Adv), Local (Nat'l Adv), Local (Local Adv).
Indicate region or local area in MEMO box.

Additional Info: Short Term Use, Info Changes, Mech. Edit, Sideline Session, Other.
Check Here If: Commercial made for cable only, PSA status confirmed by AFM, Session performed solely on synthesizer.
MEMO

EMPLOYER OF RECORD (e.g. Payroll Service)

SIGNATORY OF RECORD:

For Session Payments Address
For All Other Payments Address

The terms and conditions of the engagement covered by this Report Form include the terms and conditions of the AFM Commercial Announcements Agreement in effect at the time of such engagement.

Signatory of Record's Signature Leader's Signature

Print Name of Signer Phone Leader's Phone

Table with columns: LOCAL UNION NO., EMPLOYEE'S NAME, SOCIAL SECURITY NUMBER, HRS WK'D, NO. OF DBLS OVR-DBS, SPOT ID BY LETTER ABOVE, ID OF SPOT PER DBL, WAGES CARTAGE, PENSION CONTRIBUTION, H & W WHERE APPLICABLE.

(1) Insert X if wages being paid are overscale.

FOR FUND USE ONLY:

TOTAL H&W CONTRIBUTIONS
TOTAL PENSION CONTRIBUTIONS