

PHONOGRAPHIC PERFORMANCE – LICENCE APPLICATION

To reach BDTA by 20th August 2010 latest

To: The British Dental Trade Association
 Mineral Lane
 CHESHAM
 Buckinghamshire
 HP5 1NL

FAX: 01494 786659

PLEASE COMPLETE IN BLOCK CAPITALS

Section 1 - DETAILS OF EXHIBITOR

Full name of Exhibitor Stand Number

Address

Postcode

Daytime telephone number Fax Number E-mail address

Section 2 - DETAILS OF ORGANISER

Name of Exhibition organiser

Section 3 - DETAILS OF SOUND RECORDING USE

Name of Exhibition Period of sound recording use from to

Total number of days: 0

Will you be playing sound recordings as incidental background music on your stand? Please tick relevant box

YES NO

Will you be organising any of the following events where sound recordings will be played? Please tick the relevant box(es).

	Hours per day	Attendance per occ	Number of Occasions
<input type="checkbox"/> Fashion Shows	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Specially Featured Entertainment (e.g discos, dances, DJ presentations)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 10 - DECLARATION

PLEASE CHECK THE INFORMATION SUBMITTED CAREFULLY BEFORE READING AND SIGNING THIS DECLARATION

I declare that the information submitted on this application is, to the best of my knowledge, correct
 I understand that the organiser will apply for the licence on my behalf and that I am liable to submit payment to the Organiser for my use of sound recordings.

Name Date

Position

Account Number (If known):

PLEASE KEEP A COPY FOR YOUR RECORDS