GOOdWin

LICENSE APPLICATION

1-YOUR INFORMATION				
Your Name and Title				
Nom Theater or Com	pany / Organizati	on Name		1959 M. A. 1860 A. 1970 A. 1980 A. 198
Address:				
City:			Province/State:	
Country:			Postal Code/Zip Code / Country Code:	
Phone number (with o	exchange):			
Fax number (with exchange):				
Home phone number / Alternate Phone Number				
Email address:				
Web page:				
2- INFORMATION ABOUT THE PROPOSED PRODUCTION				
Name of the show(s):				
Author of Show(s) Requested:				
Name / Location of Auditorium:				
Address :				
City:			itate :	
Country:			Zip Code / Country Code:	
Number of seats :				
First Performance Date :			Opening:	
Last Performance Dat	te:			
Number of Performances :				
Name of director :				
Ticket Pricing Scale :				
What language(s) and translator name? :	d			
What Territory? :		Req	equesting Territory Exclusivity? :	
Professional or Amate	eur?			
Which Author's Society do you report (ACT_APTP_etc.)?				