

ARRANGEMENT LICENSES

Please bear with us as we build an interactive version of this form for your convenience. Until then, please cut and paste this text into MS Word to complete, fill in the information pertaining to your needs, and email it to us. We apologize for the inconvenience.

*** Required Information**

Arrangement Licenses for Performances

Please specify the original work to be arranged:

Composer(s) * _____

Entire work or excerpt: * _____

Instrumentation _____

Publisher * _____

Catalog number _____

Page _____

Please enter the following information on the planned arrangement:

Arranger(s) * _____

Instrumentation * _____

In which form will the original work be arranged? * _____

Do you plan to add or change the text, if any? _____

Duration * _____

Venue * _____

How many times will the arrangement be performed or state the season(s)? * _____

Please tell us about the performer(s): _____

Remarks: _____

Arrangement License for the Publication of a Printed Edition

Please specify the original work to be arranged:

Composer(s) * _____

Entire Work or an excerpt: * _____

Instrumentation _____

Publisher * _____

Catalog number _____

Page(s) _____

Please enter the following information about the planned arrangement:

Arranger(s) * _____

Instrumentation * _____

In which form will the original work be arranged? * _____

If text exists, is new text planned? _____

Duration * _____

Type of publication _____

Publisher * _____

Publication date * _____

Number of copies * _____

Volume and Number of pages * _____

Price (MSRP) * _____

Distribution territory * _____

Remarks: _____

Please tell us about the licensee/invoice payer:

First Name * _____

Last Name * _____

Company Name * _____

Dept/Div * _____

Street address * _____

City/State/Provence/Zip * _____

Country * _____

Phone * _____

E-Mail * _____

Web Site * _____

Contact information about the requester, if different from above:

First Name * _____

Last Name * _____

Company Name * _____

Dept/Div * _____

Street address * _____

City/State/Provence/Zip * _____

Country * _____

Phone * _____

E-Mail * _____

Web Site * _____