



IT PAYS TO BELONG • PARTICIPEZ VOUS AUSSI

PROGRAM REGISTRATION (Part Three) - SALES INFORMATION

Affiliate name: _____

Program title: _____

ISAN: ___|___|___|___|___|___|___|

Please complete the following:

Country:	Broadcaster:	Broadcast Date:

Per: _____ Date: _____
 Authorized Signing Officer

Return fully completed documents to: PACC, 74 The Esplanade, Toronto, Ontario M5E 1A9