

### Production Information

Production Title: \_\_\_\_\_ ISAN: \_\_\_\_\_  
Production Company Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Payroll Company Name: \_\_\_\_\_ Business Rep: \_\_\_\_\_  
Rehearsal Start Date: \_\_\_\_\_ Shoot/Recording Start Date: \_\_\_\_\_ Shoot/Recording End Date: \_\_\_\_\_ Prod Length in Mins: \_\_\_\_\_  
Voluntary Recognition Agreement Sent: \_\_\_\_\_ Security Agreement Sent: \_\_\_\_\_ Location(s): \_\_\_\_\_  
Declared use: \_\_\_\_\_ New Media Discount: \_\_\_\_\_  
Prepayment: \_\_\_\_\_ Animation Prepay: \_\_\_\_\_  
(additional options)  
Advance Payment: \_\_\_\_\_  
Accident Injury Ins. Cert. # (A524): \_\_\_\_\_ CIPIP Discount:  Specify: \_\_\_\_\_

### Type of Production (Check all that apply)

Feature:  M.O.W:  Series:  # of Episodes: \_\_\_\_\_ Seasons/Cycle: \_\_\_\_\_  
Documentary:  Reality:  CoTreaty:  Country: \_\_\_\_\_ Other:  Specify: \_\_\_\_\_  
Animation:  LBG:  Industrial:  WIP:  Pilot:  New Media Type: \_\_\_\_\_

### Personnel

Exec Producer & Company: \_\_\_\_\_  
Producer(s): \_\_\_\_\_ Producer Email: \_\_\_\_\_  
Line Producer: \_\_\_\_\_ Director: \_\_\_\_\_  
Prod. Manager: \_\_\_\_\_ Prod. Mgr. Email: \_\_\_\_\_  
Prod. Accountant(s): \_\_\_\_\_ Prod. Acct. Email: \_\_\_\_\_  
Casting Director: \_\_\_\_\_ BG Casting Director: \_\_\_\_\_  
Prod. Coordinator: \_\_\_\_\_ Prod. Secretary: \_\_\_\_\_  
Asst. Director(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Cast Names

Non-Canadian: \_\_\_\_\_  
Canadian Leads: \_\_\_\_\_  
Principal Actor Roles: \_\_\_\_\_ Actor Roles: \_\_\_\_\_ Background Days: \_\_\_\_\_ Additional BG: \_\_\_\_\_  
Minors: \_\_\_\_\_ If Yes see Appendices as per A2704 Nude Scene: \_\_\_\_\_ If Yes See A2402  
Stunts:  Stunt Coordinator: \_\_\_\_\_  
Stunt Description: \_\_\_\_\_

### Broadcaster / Distributor Information

Company Name: \_\_\_\_\_ Distributor Name: \_\_\_\_\_  
Broadcast Exec: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Email: \_\_\_\_\_  
1st Broadcast Window: \_\_\_\_\_ Country: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_

### Financing

Public:  Private:  Canadian:  Foreign:   
Funding Sources: \_\_\_\_\_  
Total Budget: \_\_\_\_\_ Total Cast Budget: \_\_\_\_\_ CDN Cast Budget: \_\_\_\_\_ Foreign Cast Budget: \_\_\_\_\_  
Comments (Internal use only): \_\_\_\_\_