

PRODUCTION FORM for INDEPENDENT PRODUCTION

ACTRA Production ID	
Internal Use Only	

Production Information					
Production Title:	Production Title: ISAN:				
Address 1:		Address 2:			
			Country:		
Phone: Fa	ax: 6	eMail:			
Payroll Company Name: Sh	oot /	Busir	ness Rep:		
Rehearsal Start Dt:Re	cording Start Dt:	Recording End Dt:	Prod Length in Mins: ———		
Voluntary Recognition Agreement Sent: Security Agreement Sent: Location(s):					
Declared use:	Prepayment:	Animation Prepay _	New Media Discount		
		ance: CIPIP Dis	count: Specify:		
Type of Production (Check all that	at apply)				
Feature: M.O.W:	Series: # of Episodes:	Seasons/Cycle:			
	Treaty: Country:		Specify:		
Animation: LBG: Inc	dustrial: WIP: Pilot:		ype:		
Personnel					
Exec Producer & Company:					
Producer(s):					
			ucer eMail:		
Line Producer:		Director:			
_			Mgr. eMail:		
			Acct.eMail:		
Asst. Director: 1	2.		3		
Cast Names					
Non-Canadian:					
Canadian Leads:					
Principal Actor Roles:	_ Actor Roles:	Background Days:	Additional BG:		
Minors: If Yes see Append	ices as per A2704	Nude Scene:	If Yes See A2402		
Stunt Description:					
Broadcaster / Distributor Informa	ntion				
Company Name:		_ Distributor Name:			
Broadcast Exec:		Contact Name:			
Phone: Fax:		Phone:	Fax:		
eMail:					
1st Broadcast Window:	Country:	_ Prov/State:	Country:		
Financing					
Public: Private:	Canadian:	Foreign:			
Funding Sources:		_			
		CDN Cast Budget:	FRGN Cast Budget:		
Comments (Internal use only):					