**ENCLOSURE B**

**COMPANY DETAILS**

1. **ARTIST / COMPANY NAME**

1. **OPERATIVE OFFICE**

1. **MAIN CONTACT OF THE COMPANY**

1. **SIAE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company name as on SIAE license** |  | **SIAE Work code** |  |
| **Directed by** |  | **Author of the piece** |  |
| **ENPALS INSURANCE**  |  | **Is the author protected by SIAE?** |  |
| **Precise name of the piece**  |  | **Do you have music in your piece?** |  |
| **Kind of piece****(as on SIAE license)** |  | **Is the music protected by SIAE?** |  |

1. **NUMBER OF MEMBERS INVOLVED IN THE PIECE**
2. **MEMBERS INVOLVED IN THE PIECE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Role** |  | **Date of birth**  |  |
| **Passport number** |  | **E-mail** |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Telephone number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Role** |  | **Date of birth**  |  |
| **Passport number** |  | **E-mail** |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Telephone number** |  |

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| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Role** |  | **Date of birth**  |  |
| **Passport number** |  | **E-mail** |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Telephone number** |  |

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| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Role** |  | **Date of birth**  |  |
| **Passport number** |  | **E-mail** |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Telephone number** |  |

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| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Role** |  | **Date of birth**  |  |
| **Passport number** |  | **E-mail** |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Telephone number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Surname** |  |
| **Role** |  | **Date of birth**  |  |
| **Passport number** |  | **E-mail** |  |
| **Address** |  | **City** |  |
| **Zip code** |  | **Telephone number** |  |

1. The company will be provided with a technical form (enclosure D) and the technical assistance. The set-up and dismantle time will be agreed with the staff of the Theatre.

8. The participating company must take care of the insurance and the certification of the material and scenography used during the performance.

Place , date Signature

 (READABLE NAME AND SURNAME)