

MPLC MOVIE LICENCE BOOKING APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Organisation Details								
Film Society/Club/Organisation:					Access Cinema Member YES / NO		Membership No:	
Contact Name:								
Address:								
Telephone Number:			Fax Number:			Email Address:		
Invoice Address Details								
Contact Name:								
Address:								
Telephone Number:			Fax Number:			Email Address:		
Licence Request Details								
Screening Date	Venue	Film Title	No. of Screenings	Expected Audience Size	Studio/Distributor Name	Non-Commercial, no admission charge	Commercial with admission charge*	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
I hereby request and agree to an MPLC Movie Licence, subject to the Terms and Conditions provided on line at www.mplc.ie (sign below)								
Signature:						Date:		
Name (Mr/Mrs/Ms):					Position:			
Please return your completed form to our Freepost address (no stamp required): FREEPOST, Motion Picture Licensing Company ,Cahercalla House, Cahercalla Road, Ennis,Co.Clare . Email a scanned copy to gbyrne@mplc.com or Fax to: 065 6823590								
<i>Your Movie Licence and Invoice will be processed by return. Thank you for your application we hope your screening is successful.</i>								
<i>* Commercial Applicants must complete a returns form after each event. A second invoice will be issued if required.</i>								
For Office Use Only:		Client No:			Licence No:		Ref:	