



THE STRATEGY GROUP, LLC
ENTERTAINMENT DIVISION

Attention: _____ Feature TV Commercial

SHOW INFORMATION SHEET:

PLEASE COMPLETE AND FAX BACK WITH INSURANCE CERTIFICATE

_____	RUN OF SHOW DATES:
_____	WORKING DAYS S M T W TH F SA

Production Company: _____ Show Name/ Job #: _____

Phone #: _____ Fax #: _____

Office Address: _____
Street City State Zip code

Billing Address: _____
Street City State Zip code

CONTACTS:

Coordinator: _____ name Cell: _____

Email: _____

Add'l Contact: _____ name Cell: _____

Email: _____

ACCOUNTING INFORMATION:

Contact: _____ name Phone _____

Authorized Company Employee

Print Name _____ Date _____

Title _____

Sign Name _____ Contact Phone _____

Federal ID # _____ Corporation Number _____ LLC # _____

WHERE DID YOU HEAR ABOUT US?

LA411 Advertisement Web Prior Use Other _____

Comments: _____