



Limited Pressing Agreement Report Form

Project/Artist: _____

Employer/Producer: _____

Date of Release: _____

Date(s) of Recording: _____

Number of physical album units sold of the release: _____

Number of digital album units sold of the release: _____

Number of physical single units sold of the release: _____

Number of digital single units sold of the release: _____

Is the release still for sale? _____

Please complete and return by mail to: **AFM Local 47**
817 Vine Street
Hollywood, CA 90038-3779
Attention: Sound Recording