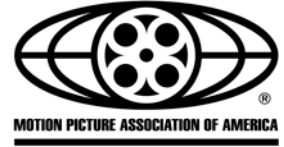




MPAA / NATO ANTI-CAMCORDING PROGRAM

**TAKE ACTION REWARD**  
**APPLICATION FORM**



Instructions: To be eligible for the TAKE ACTION REWARD, each of these steps must be completed:

Applicant Name: \_\_\_\_\_ Theater Manager: \_\_\_\_\_  
Theater Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ 1. You have identified a person operating a recording device in order to copy a movie in a theater.  
When did this happen (date and approximate time)? \_\_\_\_\_  
What film was being recorded? \_\_\_\_\_

\_\_\_\_\_ 2. You notified the police immediately.  
What law enforcement agency did you call (name and phone number of police force)? \_\_\_\_\_  
What officer(s) were assigned to this incident (names)? \_\_\_\_\_

\_\_\_\_\_ 3. You stopped the recording (with or without assistance from theater manager, staff, security, others).  
What type of recording was it? \_\_\_\_\_ Audio \_\_\_\_\_ Cell Phone \_\_\_\_\_ Video \_\_\_\_\_ Camcorder  
What steps did you take to stop the recording? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Was the recording stopped before the end of the movie? \_\_\_\_\_  
Did the suspect give you the recording? \_\_\_\_\_  
Who has the recording now? \_\_\_\_\_

\_\_\_\_\_ 4. You filed a report with the police (A copy of the police report must be attached to this form).  
What is the suspect's name? \_\_\_\_\_  
What is the suspect's complete address? \_\_\_\_\_  
What is the suspect's age and physical description? \_\_\_\_\_

\_\_\_\_\_ 5. You contacted the MPAA hotline (1-800-371-9884) within 24 hours of the incident.  
When did you call (date and approximate time)? \_\_\_\_\_  
Who answered your call (name)? \_\_\_\_\_

\_\_\_\_\_ 6. You have submitted this application to your Theater Manager for review and signature.

\_\_\_\_\_ 7. You must mail this form (sorry, no faxes accepted), along with any additional information to:  
NATO "Take Action" Reward Program, National Association of Theatre Owners,  
750 First St., N.E., Suite 1130, Washington, D.C. 20002  
For further information, call NATO: 202-962-0054. Please allow 4-6 weeks for processing of this application.

Applicant Signature: \_\_\_\_\_ Theater Manager Signature: \_\_\_\_\_

The grant of any prize, award, reward or other incentive issued by the MPAA, NATO and/or the "Take Action" Camcorder Reward Program, including the amount or form of such prize, award, reward, or other incentive, is made at the sole discretion of the MPAA and NATO.

-----SPACE BELOW FOR OFFICE USE ONLY-----

Approved for Reward Sum of \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_