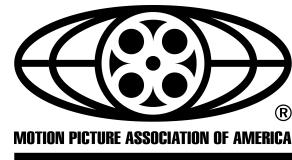




TAKE ACTION REWARD



APPLICATION FORM MPAA / NATO ANTI-CAMCORDING PROGRAM

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 & phone number of police force)? _____

What is their Incident Report or Case Number? _____

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/Smart Phone Digital Camera Camcorder

What steps did you take to stop the recording? _____

Was the recording stopped before the end of the movie? YES NO Reason: _____

Did the suspect give you the recording? YES NO

Who has the recording now? _____

4. You filed a report with the police (A copy of the police report or file number 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. Does your theater openly display in public view Anti-Piracy signage? YES NO

7. You have submitted this application to your Theater Manager for review and signature and have met ALL Qualifications.

8. You must mail or email 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

(or) Email to: Brigitte Buehlman @ bgb@natoca.com

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: _____