

# Booking Order Confirmation

THE MASTERING LAB  
6033 HOLLYWOOD BLVD.  
LOS ANGELES, CA 90028  
TEL: (323) 466-8589 FAX: (323) 465-7570

Mastering Session Date: \_\_\_\_\_ Mastering Engineer: \_\_\_\_\_

Start Time: \_\_\_\_\_ Mix Engineer: \_\_\_\_\_

Record Label: \_\_\_\_\_ Artist: \_\_\_\_\_

Producer: \_\_\_\_\_ Album Title: \_\_\_\_\_

How long is your program (if single how many versions): \_\_\_\_\_

Who will be attending: \_\_\_\_\_

Please check what source(s) you will bring:

Analog: 1/2" \_\_\_ 1/4" \_\_\_ 30IPS \_\_\_ 15IPS \_\_\_ DOLBY \_\_\_

Digital: Masterlink \_\_\_ Other \_\_\_\_\_ Bit Resolution / Sampling Rate \_\_\_\_\_

How many CD references will you need? \_\_\_\_\_

How many masters will you need? \_\_\_\_\_

Please circle the media you require for your masters: PMCD, EXABYTE or DDP on CD

## Billing Information:

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P.O. # \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Deposit: \_\_\_\_\_ Email address: \_\_\_\_\_

(One hour roomtime for Single, Three hours roomtime for Album)

**Before booking your mastering session, a fax confirmation including the artist name, the date, time, billing information with the name of the person responsible for payment, and PO Number, should be received at The Mastering Lab; your booking is confirmed when the confirmation form is received by The Mastering Lab. Masters will be ready in 7 to 10 days, unless other arrangements are made for you in advance.**

Client Signature \_\_\_\_\_  
(Your signature confirms the booking)

Shipping Instructions (Please include courier account number for freight): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Where Would You Like Your Sources Returned To Upon Mastering Completion? (Please supply Full Address, Contact Name and Phone #, as well as a Fed Ex Account Number, if applicable.) \_\_\_\_\_