



REGISTRATION NUMBER

TX	TXU
EFFECTIVE DATE OF REGISTRATION	
Month	Day
Year	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

PREVIOUS OR ALTERNATIVE TITLES ▼

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work ▼**

If published in a periodical or serial give: **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2

a	NAME OF AUTHOR ▼	DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼
	Was this contribution to the work a "work made for hire"? <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR { Citizen of ► _____ Domiciled in ► _____
		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No Pseudonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer to either of these questions is "Yes," see detailed instructions.</small>
	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼	

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

b	NAME OF AUTHOR ▼	DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼
	Was this contribution to the work a "work made for hire"? <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR { Citizen of ► _____ Domiciled in ► _____
		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No Pseudonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer to either of these questions is "Yes," see detailed instructions.</small>
	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼	

c	NAME OF AUTHOR ▼	DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼
	Was this contribution to the work a "work made for hire"? <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHOR'S NATIONALITY OR DOMICILE Name of Country OR { Citizen of ► _____ Domiciled in ► _____
		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No Pseudonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If the answer to either of these questions is "Yes," see detailed instructions.</small>
	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼	

3

a	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED Year	b	DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK Complete this information ONLY if this work has been published. Month ► _____ Day ► _____ Year ► _____ Nation
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4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

DO NOT WRITE HERE OFFICE USE ONLY

APPLICATION RECEIVED _____

ONE DEPOSIT RECEIVED _____

TWO DEPOSITS RECEIVED _____

FUNDS RECEIVED _____

See instructions before completing this space.

EXAMINED BY _____

FORM TX

CHECKED BY _____

CORRESPONDENCE
Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

- a. This is the first published edition of a work previously registered in unpublished form.
- b. This is the first application submitted by this author as copyright claimant.
- c. This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: **Previous Registration Number** ▼ **Year of Registration** ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. **Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

6

b. **Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

See instructions before completing this space.

—space deleted—

7

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on this form at space 10 and a check in one of the boxes here in space 8 constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a Copies and Phonorecords

b Copies Only

c Phonorecords Only

See instructions

8

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

9

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

Area Code & Telephone Number ▶

Be sure to give your daytime phone number ◀

CERTIFICATION* I, the undersigned, hereby certify that I am the

- Check one ▶ author
- other copyright claimant
- owner of exclusive right(s)
- authorized agent of _____

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

10

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

date ▶

Handwritten signature (X) ▼



MAIL CERTIFICATE TO

Name
Number/ Street/Apartment Number
City/State/ZIP

Certificate will be mailed in window envelope

YOU MUST:

- Complete all necessary spaces
- Sign your application in space 10

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:

1. Application form
2. Nonrefundable \$20 filing fee in check or money order payable to *Register of Copyrights*
3. Deposit material

MAIL TO:

Register of Copyrights
Library of Congress
Washington, D.C. 20559-6000

11

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.