

Wai-te-ata Music Press

Submission form

COMPOSER INFORMATION

Full name:

Email address:

Phone number:

NZ Citizen

Resident in NZ for last two years

I have Tier 1 representation with the Centre for New Zealand Music (SOUNZ)

WORK INFORMATION

Title:

Instrumentation:

Duration:

Notable public performances:

Peer review/esteem (e.g. awards, reviews, festival selection, etc):

Existing or scheduled recordings on commercial labels:

I certify this work is not governed by an exclusivity clause with another publisher

I certify this work is wholly original

Please email this completed form to waiteatamusicpress@nzsm.ac.nz