
ASOP Las Vegas 2019 Registration Form

Pay by credit card on website AND fax (or scan to asop.jacob@gmail.com)
this completed form to 727-231-8385

___ I paid online _____ name on credit card used

Or mail completed form with \$650.00 check or credit card info at bottom to:

ASOP
625 6th Ave South, Suite 365
St. Petersburg, FL 33701

Call Embassy Suites at 702-795-2800 mention ASOP.
Registration fee does not include hotel sleeping room.

Name _____ Date _____

Home Address _____

City _____ ST _____ ZIP _____

Home Tel _____ Cell# _____

*Email _____

Employer _____

Address _____

City _____ ST _____ ZIP _____

Tel# _____ Fax# _____

Title/Certifications/State License _____

Credit Card Info

Name on card _____

Card# _____ exp date ___ / ___ CV# _____

Statement Address _____ City _____

State _____ Zip code _____ Signature _____

Fax to 727-231-8385 or email to asop.jacob@gmail.com to reserve your place.

Call 727-394-1700 to charge you fees.

Or pay online at castingworkshop.com under your date and city.

Or Enclose check \$655.00 (\$695.00 IF PAID AFTER JULY 1ST)

and mail to:

ASOP
625 6th Avenue South, Suite 365
St. Petersburg, FL 33701