

Registration Form for Casting and Bracing Workshops

Workshop City _____ Workshop Date _____

Name _____ Date _____

Home Address _____

City _____ ST _____ ZIP _____

Home Tel _____ Cell# _____

*Email _____

Employer _____

Address _____

City _____ ST _____ ZIP _____

Tel# _____ Fax# _____

Title _____

_____ Paid online _____ Will send check _____ Will call in credit card

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 \$595.00 (\$550.00 IF PAID 30 OR MORE DAYS BEFORE WORKSHOP)
and mail to:

ASOP

625 6th Avenue South, Suite 365

St. Petersburg, FL 33701