
Workshop 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 will be attending the (city) _____ Workshop date _____

___ I paid online _____ name on credit card used

Or mail completed form with \$550.00 check or credit card info at bottom to:

ASOP

625 6th Ave South, Suite 365

St. Petersburg, FL 33701

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 \$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