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# Casting Workshop Registration Form 2019

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Pay by credit card on website AND fax (or scan to [asop.jacob@gmail.com](mailto: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 \$575.00 check or credit card info at bottom to:

ASOP

625 6<sup>th</sup> 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](mailto:asop.jacob@gmail.com) to reserve your place.

Call 727-394-1700 to charge you fees.

Or pay online at [castingworkshop.com](http://castingworkshop.com) under your date and city.

Or Enclose check \$625.00 (\$575.00 IF PAID 30 OR MORE DAYS BEFORE WORKSHOP)  
and mail to:

ASOP

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St. Petersburg, FL 33701