

# ON CAMERA ACTING FILM & TV ACADEMY

5042 Wilshire Blvd., Suite 850 Los Angeles, CA 90036 800.496.0125

Fax to 310-388-5556

## Registration Form

<b>Contact Information:</b>	
Name:	
Credit Card Billing Address:	
City/State/Zip code:	
Phone Number: Primary:	Secondary:
<b>Seminar Information:</b>	
Seminar: How to Get into Modeling & Acting/Managing Your Childs Career	
Date/Time: Sunday, October 25 <sup>th</sup> 4:00PM-6:30PM	
Name of Participant(s):	
Additional Participant(s):	
<b>Credit Card Information:</b>	
Credit Card Number:	
Expiration Date:	3 Digit Verification Code (back of card):
Credit Card Type: <input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
Amount Authorized To Be Charged (USD): \$350.00	
Write amount in words	
<b>Signature:</b>	
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Date:	
I agree to pay above amount according to card issuer agreement (Merchant Agreement if Credit Voucher) I acknowledge this payment is transferable and non-refundable.	