

ON CAMERA ACTING FILM & TV ACADEMY

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Registration Form

Contact Information:	
Name:	
Credit Card Billing Address:	
City/State/Zip code:	
Phone Number: Primary:	Secondary:
Seminar Information:	
Seminar: How to Get into Modeling & Acting/Managing Your Childs Career	
Date/Time: Sunday, October 25 th 4:00PM-6:30PM	
Name of Participant(s):	
Additional Participant(s):	
Credit Card Information:	
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	
Signature:	

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.	