



Professional Development Registration Form

NAME OF ORGANIZATION: _____

PRIMARY CONTACT: _____

ORGANIZATION'S STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

CONTACT PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____

TOTAL NUMBER ATTENDING: _____

MULTIPLY THIS NUMBER BY \$250 FOR THE TOTAL AMOUNT DUE: _____

PARTICIPANTS' NAME(S): _____

PAYMENT BY CREDIT CARD:

Circle Card Type: VISA MASTERCARD AMEX

Credit Card Number: _____ Exp: _____

Cardholder's Name: _____ Billing Zip: _____

Amount Authorized to Charge: _____ Security Code: _____

Cardholder's Signature: _____ Date: _____

MAIL OR FAX THIS COMPLETED FORM AND YOUR REGISTRATION FEE TO:

iTheatrics
Attention: Junior Theater Festival
628 West 52nd Street, Suite 1F
New York, NY 10019
(Please make checks payable to iTheatrics)