

**Chicago Spotlight, Inc. - Theatrical Skills Workshops 2009 - 2010
REGISTRATION FORM**

Current date: _____

Name of Workshop: _____ Date of Workshop: _____

- Please note payment must be made to hold your space in the workshop.

If you are a Teacher/Staff member bringing students, please provide the following:

Your name: _____ School: _____

E-Mail address _____

Bus. Phone: _____ Cell Phone: _____

Names of students, if known:

_____	_____
_____	_____
_____	_____
_____	_____

*Please limit students to 10 per school

Other participants:

Name: _____ Theatre/Company/Business/School _____

E-Mail address _____

Bus. Phone: _____ Cell Phone _____

Name: _____ Theatre/Company/Business/School _____

E-Mail address _____

Bus. Phone: _____ Cell Phone _____

Name: _____ Theatre/Company/Business/School _____

E-Mail address _____

Bus. Phone: _____ Cell Phone _____

Workshop Registration Fees

Affiliated with educational institution (\$20 per participant) _____ @ \$20 = \$ _____

Other participants: (\$25 per participant) _____ @ \$25 = \$ _____

Materials fee, per participant, if applicable \$ _____ x _____ (# of participants) = \$ _____

Total cost of registration \$ _____

Payment information:

- Please send checks to Chicago Spotlight, Inc. with hard copy of registration form
- Visa/Mastercard/Am. Express: Please call Hope @ 312-455-1171 hope@chicagospotlight.com
- Chicago Spotlight Fax: 312-455-1744
- Your registration will be **confirmed by e-mail**.
- Confirmation of directions and time will be sent the week of the workshop
- Address your workshop questions to:
Steve Jacobs, Director of Training Programs, steve@chicagospotlight.com
- Cancellation policy:
 - Chicago Spotlight, Inc reserves the right to re-locate a workshop or change presenters due to scheduling conflicts. If this should occur, and you can no longer attend due to location, your registration will be refunded.