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Registration Form

Family Name: _____
 First Name: _____
 Address: _____
 City/State/Zip: _____
 Home Telephone: _____
 Alternate Telephone: _____
 Fax Number: _____
 Email: _____

Submit this form with either your full tuition or a deposit as indicated per each workshop. You will receive:

1. A confirmation of your registration form and deposit/tuition
2. A statement of "balance due" with your receipt of payment.

If you are receiving a 10% discount, please calculate that in your total tuition. 10% discount only applies to tuition, the workbook is not included.

Please Indicate Workshop:

<input type="checkbox"/> Beginning Script Supervising (This class has an additional cost for a required course workbook) Start Date: _____ Workshop Location _____	Tuition: \$ _____ Workbook: \$ _____ Total: \$ _____	<input type="checkbox"/> Pay Full Tuition <input type="checkbox"/> Pay Deposit: \$ _____ Balance: \$ _____
<input type="checkbox"/> Visual Effects Workshop (This class has an additional cost for a required course workbook) Start Date: _____ Workshop Location _____	Tuition: \$ _____ Workbook: \$ _____ Total: \$ _____	<input type="checkbox"/> Pay Full Tuition <input type="checkbox"/> Pay Deposit: \$ _____ Balance: \$ _____
<input type="checkbox"/> Commercial Workshop (This class has an additional cost for a required course workbook) Start Date: _____ Workshop Location _____	Tuition: \$ _____ Workbook: \$ _____ Total: \$ _____	<input type="checkbox"/> Pay Full Tuition <input type="checkbox"/> Pay Deposit: \$ _____ Balance: \$ _____
<input type="checkbox"/> Advanced Beginners & Intermediate Script Supervising Start Date: _____ Workshop Location _____	Tuition: \$ _____ Workbook: \$ _____ Total: \$ _____	<input type="checkbox"/> Pay Full Tuition <input type="checkbox"/> Pay Deposit: \$ _____ Balance: \$ _____
<input type="checkbox"/> Digital Script Supervising Training: ScriptE <input type="checkbox"/> Digital Script Supervising Training: Excel Start Date: _____ Workshop Location _____	Tuition: \$ _____ Workbook: \$ _____ Total: \$ _____	<input type="checkbox"/> Pay Full Tuition <input type="checkbox"/> Pay Deposit: \$ _____ Balance: \$ _____

Please make all payments to:
Randi Feldman

Return completed form with deposit or tuition to:
Cinema Workshops
1537 Centinela Ave. #7
Santa Monica, California 90404

Method of Payment:

Check (separate one for each workshop)
 Cashier Checks
 Credit Card (payment via Paypal)
 Other

Total Amount of Payments: \$ _____

Cancelation Policy
 Full refunds on deposit/tuitions are given within four weeks prior to the start date of workshop. 50% refund within two weeks & no refunds given within one week, you discontinue going to the workshop or choose to take it at another time after registering for the workshop. You will have full credit to take another workshop at a later date. Thank you!

Signature of Registering Student:

Date: _____