Stage, Screen, and Television Actors' Conference 2008

AUDITION APPOINTMENT FORM

Two appointments allowed per paid participant. Consult the our appointment guidelines at ActorsConferences.com before completing this form. Requests that do not conform to guidelines will be returned unscheduled. **Please be advised that none of your appointments will be scheduled until the conference and appointment fees are received.** Please mail your audition appointment form to:

STAGE, SCREEN & TELEVISION ACTORS' CONFERENCE REGISTRATION
COLLEGE OF EXTENDED STUDIES
5250 CAMPANILE DRIVE
SAN DIEGO, CA 92182-1920

Name: _____ Day Phone: _____-_____-_____

Email: _____ Evening Phone: _____-_____-_____

Indicate your age range

☐ Adult ☐ 15-18 Years Old

☐ By checking this box, I give the SDSU College of Extended Studies permission to email me about upcoming courses and programs.

Appointment #1 (check one):_____Side Provided _____ Monologue _____ Song

Please indicate the faculty member you want to meet with in order of preference:

1. Name: _____
2. Name: _____
3. Name: _____
4. Name: _____
5. Name: _____

Appointment #2 (check one):_____Side Provided _____ Monologue _____ Song

Please indicate the faculty member you want to meet with in order of preference:

1. Name: _____
2. Name: _____
3. Name: _____
4. Name: _____
5. Name: _____

☐ If my choices are not available, cancel my request for an appointment.

Appointment schedules will be issued to registered participants upon check-in at the conference. Please feel free to provide any additional information that would aide in scheduling your appointment.

If you have questions, please visit our website ActorsConferences.com
or contact our Conference Director, Diane Dunaway at Ddunaway@aol.com or (858) 484-8575