



Actors for Autism

Workshop Registration Form

Student Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Father's Name _____ Cell _____

Mother's Name _____ Cell _____

The cost of the **“How to start you own APP business for the iphone/ipad”** is \$75.00 for the (3) hour workshop on Sunday, April 29th from 9:00-12:00pm at the Tarzana location. Please remit payment with registration form.

I authorize Actors for Autism to debit my credit card in the amount of \$75.00.

Credit Card Type - M/C Visa A/E Discover (circle one)

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - _____

Name on Account - _____

Signature - _____

I understand there are no refunds for this workshop. However, the fee may be used for a future workshop should I need to cancel my registration.

Signature

Date

18344 Oxnard Street Suite 101 Tarzana, CA 91356 Phone: 818-705-1600 Fax: 818-654-7176