

THE WOMEN IN THE DIRECTOR'S CHAIR WORKSHOP – ACTOR APPLICATION FORM

PROGRAM DATES: January 14 to 31, 2010		ARRIVAL: January 17, 2010		DEPARTURE: January 31, 2010	
NAME:					
ADDRESS:					
CITY:		PR:		POSTAL:	
TELEPHONE:		MOBILE:			
FAX:		SOCIAL INS. #:			
E-MAIL:		DATE OF BIRTH:			
EMERGENCY CONTACT:		GENDER:		M / F	
TELEPHONE:				SMOKING / NON-SMOKING:	
I learned about this course:					
INITIAL:		I consent to have the information I provide herein used for admission, registration, issuing income and billing receipts, scholarships, awards related to the program and for sending educational information.			
INITIAL:		If selected for the program, I consent to have my telephone and email address listed on the Workshop Contact List that will be shared with other participants.			
SIGNATURE:					

Make sure your application is complete. Check that you have included:

<input type="checkbox"/>	<p><u>I have applied in the last two years</u> If you have applied within the last two years all that is required is that you send an email to confirm that we have your most current information on file. You do not need to resubmit all your support materials unless there are updates you would like to share.</p>		
<input type="checkbox"/>	<p><u>Contact information</u> (See above) Include your full name that you use for travel, address, telephone, fax and email. Your SIN and DOB are required upon acceptance into the program.</p>	<input type="checkbox"/>	<p><u>Cover Letter*</u> State your reasons for applying and why you feel you should be selected. <i>*One page maximum., 8 ½ x 11</i></p>
<input type="checkbox"/>	<p><u>Resume/Photo/Bio</u> Standard actor's Photo and Resume. Include 50-word Bio and 500-word Bio in text or WORD format (samples available). We will need an electronic version of your bios and a photo of you should you be selected for the program.</p>	<input type="checkbox"/>	<p><u>DVD or VHS Demo</u> Maximum 5 min.; Tips available at: http://www.creativewomenworkshops.com/Docs/TIPS_FOR_DEMOS.pdf</p>

TO SUBMIT ELECTRONICALLY:

Contact Carol Whiteman, WIDC Producer
 Email: actors@creativewomenworkshops.com

DEADLINE: October 31, 2009

OR

TO MAIL HARD COPY:

WIDC 2010 / ACTORS
 Attention: Carol Whiteman
 c/o UBCP / ACTRA
 Suite #400 - 1155 West Pender Street
 Vancouver, BC V6E 2P4

FOR MORE INFORMATION:

Web: www.creativewomenworkshops.com
 Local T/F: 604.913.0747
 Toll free: 1.877.913.0747

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