APPLICATION FORM										
PROGRAM DATES: January 15 to 19, 2014						ARRIVAL: January 14, 2014 May vary per position			DE	PARTURE: January 19, 2014
NAME										
ADDRESS										
CITY						PR		POSTAL		
TELEPHONE						MOBILE				
FAX						SOCIAL INS.#				
E-MAIL						DATE OF BIRTH				
EMERGENCY CONTACT						YOUR GENDER			M / F	
Emerg. Contact TELEPHONE								SMC	KIN	G / NON-SMOKING
I learned about this course:										
INITIAL		I consent to have the information I provide herein used for CWWA and The Banff Centre 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:										
	SPECIFIC POSITION BEING SOUGHT									
	Contact information (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.				Brief Cover Letter* State your reasons for applying. *A paragraph is sufficient; 8 ½ x 11, unbound					
Resume plus Photo/Bio We will need a 100-word Bio (samples available), and ar					Sample of Your Previous Work Optional					
		photo of you should you be selected for			Your Union Affiliation(s)					

THE WOMEN IN THE DIRECTOR'S CHAIR WORKSHOP - PROFESSIONAL CREW

DEADLINE: December 8, 2013

FOR MORE INFO:

Carol Whiteman, WIDC Producer

Local T: 604.987.0747 Toll free: 1.877.913.0747 SUBMIT ALL ELECTRONICALLY:

OR procrew@creativewomenworkshops.com

MAIL TO:

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