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# Spring 2019 Set Designer Training Series Registration Form

I would like to register for the 2019 Set Designer Training Series. I have attached my registration deposit check in the amount of \$150, made payable to CSATTF. I understand that the \$150 will be refunded to me upon completion of the training series. I am aware that, if I miss a class without prior approval from CSATTF, \$25 will be deducted from my refund for each missed class. I understand that seating is limited so applications will be accepted on a first-come, first-served basis.

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Class 1: The Drawings (Part 1)	04/27/19 at 8:00 a.m.	Class 4: Construction	05/04/19 at 1:00 p.m.
Class 2: The Drawings (Part 2)	04/27/19 at 1:00 p.m.	Class 5: Locations	05/11/19 at 8:00 a.m.
Class 3: Staging Your Sets	05/04/19 at 8:00 a.m.	Class 6: The Rest	05/11/19 at 1:00 p.m.

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**Check One:** This is my first time attending the series: Yes  No   
If No, year attended \_\_\_\_\_ Series completed? Yes  No

**This form must be completed, signed, and returned as instructed below.**

Print all information completely and legibly. Personal information will be updated accordingly.

Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit # (Apt., Fl., Ste., etc.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell #: <sup>None</sup>  ( ) - \_\_\_\_\_ Home: <sup>None</sup>  ( ) - \_\_\_\_\_ Email: <sup>None</sup>  \_\_\_\_\_

**I have read, understood, and agree to all the terms and conditions listed above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please indicate below how you would like to receive approval of your application and any other mailing(s) regarding the Set Designer Training Series.

U.S. Mail  Email

**Please return this completed form along with your check in the enclosed envelope to:**

CSATTF  
Attn: Skills Training  
2710 Winona Avenue  
Burbank, CA 91504