



Studio Program Registration Form

Name _____
 Address _____
 City, State, Zip _____
 Email _____
 Phone _____ Alternate Phone _____
 How did you hear about us? _____

I would like to enroll in:

Class (please specify dates)	Fee
Subtotal:	
Donation:	
Total:	

*A deposit of one-half of the tuition is required with registration in order to secure a spot. The remaining balance is due on or before the first day of class. Full payment is required before a student may attend any class.

Enclose Check or Credit Card Number _____
 Exp Date _____ Security Code _____
 Cardholder's Signature _____
 (Make checks payable to "Portland Actors Conservatory" or "PAC")

Refunds and Transfers

Classes with insufficient enrollment will be cancelled and fees refunded in full. Upon written cancellation received by PAC before the scheduled class start date, the student will be eligible to apply payments made to future classes within the academic school year, less a \$75 processing fee. Upon written cancellation received after the class begins, the student will be assessed a \$75 processing fee and be eligible to apply payments made, less a prorated amount for classes that have been offered, to classes within the academic year. No reapplication of funds after 50% of the class has been offered. If a transfer is requested before the class starts that you are transferring from, we transfer 100% of your funds. If a transfer is requested after the class starts that you are transferring from, the same rules apply as for refunds.

____ I have read and understand the PAC Refund Policy
 ____ I understand that I am not enrolling in the Two-Year Professional Actor Training Program

Student Signature _____ Date _____

Return to Portland Actors Conservatory
 Mail: 1436 SW Montgomery St. Portland, OR 97201-2557
 Phone: 503-274-1717 | Email: pacinfo@actorsconservatory.com | Fax: 503 274 0511