

# PACTfest 2007 PRODUCTION REGISTRATION

*Organizational Membership in PACT and AACT is required to participate in AACT Festivals.*

<b>Festival Level</b>	<b>Festival Dates</b>	<b>Submitted by:</b> <u>Individual Name</u>
<b>State - PA</b>	<b>03/23-25/2007</b>	<b>Submitted by:</b> <u>Theatre Name</u>
		<b>Submission Date:</b> <u>MM/DD/YEAR</u>

**AACT Membership:**  Yes  No

Membership Number

## THEATRE INFORMATION

Theatre Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: **(O)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**(F)** \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## PRODUCTION INFORMATION

Production Name: \_\_\_\_\_

Author/Composer Name(s): \_\_\_\_\_

Estimated Set-Up Time: \_\_\_\_\_ Estimated Run Time: \_\_\_\_\_ Estimated Strike Time: \_\_\_\_\_

## ENTRY / PRODUCTION REPRESENTATIVE

Entry/Production Representative Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: **(O)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**(F)** \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## TECHNICAL REPRESENTATIVE

Technical Representative Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: **(O)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(H)** \_\_\_\_\_

**(F)** \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Return by March 5 to** PACTfest 2007 – c/o Mitchell Financial Group, 7 South Main Street, #223, Wilkes-Barre, PA 18701