

PACTfest 2007 PRODUCTION REGISTRATION

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

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