



## PARTICIPATING INSTITUTION REGISTRATION FORM

61<sup>st</sup> Annual Convention    ♦    Lexington, KY    ♦    March 3-7, 2010

Institutional membership is required for participation in **ALL** SETC activities. This membership **does not** include individual membership for your representative, therefore each attending individual **must also** register separately using the Individual Registration Form.

**Deadline for Institutional Registration is January 28, 2010**

Institution Name: \_\_\_\_\_  
 Institution Address: \_\_\_\_\_  
 Primary Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Onsite Contact: \_\_\_\_\_ Cell Phone for onsite contact: \_\_\_\_\_

**Activities** (check all that apply, send forms as noted) **Amount Due**

**Institutional Membership** **\$70** **\$** \_\_\_\_\_

**Education Expo**    - Postmarked between 10/01/09 - 10/30/09    \$125  
                               - Postmarked between 10/31/09 - 12/18/09    \$200    **\$** \_\_\_\_\_  
                               - Postmarked between 12/19/09 – 01/28/10    \$275

*Education Expo Requires a \$50 Refundable Deposit. Please cut a separate check or fill in credit card information for the deposit.*

Do you need electricity? If yes, please fill out the Lexpro Electrical Service Order Form.

**Undergraduate Auditions** (Include Institution Profile)    **\$25**    **\$** \_\_\_\_\_  
 (Auditions will be Friday March 5<sup>th</sup>)

**Graduate Auditions** (Include Institution Profile)    **\$25**    **\$** \_\_\_\_\_  
 (Auditions will be Saturday March 6<sup>th</sup>)

**Late Fee** (if postmarked after 01/28/10)    **\$20**    **\$** \_\_\_\_\_

**Scholarship/Endowment Contribution**    **\$** \_\_\_\_\_  
 Support Education in Theatre: Contribute

**Total Amount Due**    **\$** \_\_\_\_\_

**As authorized by my institution, I agree that we will participate in the above selected activities under the guidelines and conditions set forth by SETC.**

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

**PLEASE NOTE: Schools will not be allowed to participate without this signature.**

### PAYMENT INFORMATION

Master Card     Visa     Money Order Enclosed     Check Enclosed

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_



## PARTICIPATING INSTITUTION PROFILE

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### INSTRUCTIONS:

- Complete by **TYPING** the form
  - This form will be copied exactly as submitted to SETC
  - No attachments or enclosures will be accepted
  - **DO NOT** Fax this form
  - Return along with all other forms by the deadline **January 28, 2010**
- If you write "see attachments" on the sheet, that is what the students will see.**

### Please Indicate In Which Activities Your Institution Is Participating

(Fill out only one profile, SETC will copy the profile for each activity)

- Graduate Auditions Acting
- Graduate Auditions Design/Tech
- Undergraduate Auditions and Design/Tech Interviews
- Education Expo

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Dates of Academic Year: \_\_\_\_\_ to \_\_\_\_\_

Onsite Representative(s): \_\_\_\_\_

Onsite Cell Phone: \_\_\_\_\_

**List and Describe Degrees/Programs Offered:**

**Give Brief History of School and Department:**

**Describe Facilities:**

**Explain Scholarships or Assistantships Available:**

**Mail this form with Registration(s) and fees by January 28, 2010 to:**  
Southeastern Theatre Conference, PO Box 9868, Greensboro, NC 27429-0868  
Phone: 336-272-3645    E-mail: [setc@setc.org](mailto:setc@setc.org)