



New User Registration, QCTV-15

Name: _____ Today's Date ___/___/___

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Program Name (working title) _____

Program Outline/Idea _____

Training requirements: (please circle area of interest)

Studio Production

Linear Editing

Field Production

Please indicate best day(s) and time(s) for training sessions
