

Network Registration 1. Casting Professional Basic Details Name: ABN: Postal: Address: City/Town: City/Town: Post Code: Post Code: State: Country: Country: _____ Fax: _____ Phone: E-mail: Mobile: Website: Administrator First Name: Last Name: _____ Position: _____ Work Phone: User Name: Password: E-mail: 3. Profile I/We cast for the following work types: ☐ Full Service ☐ Film ☐ TV Commercials ☐ TV Drama/Series ☐ Modeling –photography/runway ☐ Commercial Photography ☐ Video/multi media ☐ Television ☐ Theatrical Voice/Presenter I/We offer our services in the following locations: ☐ Queensland ☐ New South Wales ☐ Western Australia ☐ Tasmania ☐ South Australia ☐ Aust. Capital Territory ☐ Victoria ☐ Northern Territory ☐ New Zealand ☐ Asia ☐ Europe I/We cast the following Artist types: ☐ Entertainers ☐ Extras ☐ Actors ☐ Children Comedians Dancers Musicians Presenters ☐ Promotional Artists ☐ Singers ☐ Sports Professionals ☐ Stunt Performers ☐ Theatrical Artists ☐ Variety Artists ☐ Vocal Artists Academy students References Please provide references from three Agents Contact: Phone: 1. Company: _ Contact: Phone: 3. Company: _ _____ Contact: _____ Phone: ___ 5. Casting Credits Please provide three casting credits 1. Credit: _____ Phone: _____ 2. Credit: _____ Phone: _____ Contact: _____ Phone: ___

Agreement: I confirm that I have read the Conditions of use, Disclaimer and Privacy Policy and accept the terms therein.

Name: _______ Date: ______ Date: ______