

REGISTRATION FORM

SPRING NOHO KCET CINEMA SERIES AT THE ACADEMY OF TELEVISION ARTS AND SCIENCES, NORTH HOLLYWOOD

DATES: February 28, March 6, 13, 20 & 27, April 3, 10, 17 & 24

Name(s) _____

Address _____

City _____ Zip Code _____

Day Phone _____

PLEASE INCLUDE YOUR EMAIL ADDRESS: _____

____ **\$168 Current KCET Members Only**

____ Yes, I'm a CURRENT KCET Member

KCET Membership Number _____

PLEASE ADD A KCET MEMBERSHIP TO MY KCET CINEMA SERIES ORDER:

____ I would like to renew ____ or become a new KCET Member ____

____ Membership Level: \$40 __ \$60 __ \$100 __ OTHER ____

____ **\$185 Non-KCET Member Rate**

____ Handicapped Seating Request
(Includes you and one guest only)

____ Total number of KCET Cinema Series Memberships

____ **TOTAL AMOUNT DUE**

Method of Payment:

____ CHECK (ENCLOSED)

____ CREDIT CARD: __ VISA __ MC __ AMEX __ Discover

Credit Card Number _____

Expiration Date _____

Name (As it appears on your credit card) _____

GUEST INFORMATION:

Name _____

Address _____

City _____ Zip Code _____

Day Phone _____ Cell Phone _____

PLEASE INCLUDE GUEST'S EMAIL ADDRESS: _____

PHONE, MAIL, OR FAX US YOUR RESERVATION

Phone: 323.953.5800

FAX: 323.953.5392

Mailing Address:

KCET Cinema Series, 4401 Sunset Boulevard,
Los Angeles, CA 90027

Visit: www.kcet.org