



COMPANY REGISTRATION 2016-17 SEASON

Questions? Send an email to awards@theatrebayarea.org or call (415) 430-1140, ext. *14. Completed forms can be emailed to awards@theatrebayarea.org or faxed to (415) 430-1145.

Company Member Information

Company Name: _____
Primary Contact: _____ Title: _____
Mailing Street Address: _____
City/State/Zip: _____ URL: _____
Email: _____ Phone: _____ Fax: _____

General Information

TBA Member: Yes No (Please process a membership application at www.theatrebayarea.org in order to participate in the TBA Awards program.)
Annual Budget: _____ AEA Contract Type: _____
Participation Tier: Tier I (LORT/BAT and budget over \$1M) Tier II (Some AEA and/or budget > \$400K and <\$1M) Tier III (Budget <\$400K)

Marketing Contact

 For "RECOMMENDED PRODUCTION" notifications:

Name: _____ Phone: _____ Email: _____

Ticketing/Box Office Contact

 Will be posted online for adjudicators at the private awards program website:

Name: _____ Phone: _____ Email: _____

Adjudicators

Each company must fill one adjudicator seat for the season. You can name up to three people to share this responsibility. The seat must adjudicate an average of at least two productions for every month the company is involved in the program. **Failure to do so may result in the company's exclusion from the program.** New adjudicators must completely fill out the Adjudicator Registration Form (this includes the data sheet, conduct agreement and application essay.)

Name: _____ Phone: _____ Email: _____ Returning Adjudicator (y/n): _____
Name: _____ Phone: _____ Email: _____ Returning Adjudicator (y/n): _____
Name: _____ Phone: _____ Email: _____ Returning Adjudicator (y/n): _____

If a returning company: Any adjudicators NOT returning from last year? Who?

Registration Payment

There is a program administration fee per awards cycle. The awards cycle for this registration runs from September 1, 2015 to August 31, 2016. The fee is paid once per cycle regardless of the number of productions submitted for evaluation. Please indicate your preferred payment method below:

Participation Fee: Tier I=\$250 Tier II=\$175 Tier III=\$125
 Credit Card Please process payment via the account given below or call the PRIMARY CONTACT listed above to receive credit card information.

Number: _____ CVC Code: _____ Exp.: _____

Cardholder's Name: _____

Billing Street Address: _____ ZIP Code: _____

Type: VISA Mastercard Your credit card will be charged by Theatre Bay Area.

Payment by attached check

Internal use only: _____
01: _____ 05: _____ The undersigned represents that they are authorized to enter into contracts on behalf of the individual or organization listed above. By signing below you also confirm that the information you have provided is accurate and that you agree to abide by the terms of the program.
01: _____ 05: _____ Signature: _____ Date: _____
01: _____ 05: _____
01: _____ 05: _____ Accepted by TBA: _____ Date: _____

