



Network Registration

1. Basic Details

Agency Name: _____	ABN: _____
Address: _____ _____	Postal: _____ _____
City/Town: _____	City/Town: _____
State: _____ Post Code: _____	State: _____ Post Code: _____
Country: _____	Country: _____
Phone: _____ Fax: _____	E-mail: _____
Mobile: _____	Website: _____

2. Agency Administrator

First Name: _____	Last Name: _____	Position: _____
Home Phone: _____	Work Phone: _____	Mobile: _____
User Name: _____	Password: _____	E-mail: _____

3. Agency Profile

Agency Type

- Full Service
 Film
 Commercials
 Modeling
 Promotions
 Television
 Theatrical
 Voice

Agency represents Artists in the following locations:

- Queensland
 New South Wales
 Western Australia
 Tasmania
 South Australia
 Aust. Capital Territory
 Victoria
 Northern Territory
 New Zealand
 Asia
 Europe
 USA

Agency represents the following roster types:

- Actors
 Children
 Comedians
 Dancers
 Entertainers
 Extras
 Models
 Musicians
 Presenters
 Promotional Artists
 Singers
 Sports Professionals
 Stunt Performers
 Theatrical Artists
 Variety Artists
 Vocal Artists
 Academy students

Agency visibility

- Agency is visible to searches by Casting Professionals
 Agency is visible to freelance artists seeking representation

4. References

Please provide references from three Casting Directors/Consultants

1. Company: _____	Contact: _____	Phone: _____
2. Company: _____	Contact: _____	Phone: _____
3. Company: _____	Contact: _____	Phone: _____

5. Agency Logo

Please provide Agency logo in digital format being 75 pixel's high and 300 pixel's wide. Most formats are accepted.

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

Name: _____ Signature: _____ Date: □□/□□/□□□□