



Artistic Concepts Group

rentals, sales, production - imagine the possibilities



Announcing the Events Production Summer Academy

**Learn professional trade skills and secrets
to working in the entertainment industry.**

Attention High School Seniors (Graduating and Rising)

This summer, Artistic Concepts Group Inc. is offering the Events Production Summer Academy (EPSA) to train young designers and technicians to work in the events industry.

Students will receive 40 hours of training in various aspects of event production including:

- | | | |
|---------------------------------------|-------------------------|-----------------------------------|
| Event Lighting | Event Sound | Portable Structures/Setups |
| Moving Lighting | Equipment Repair | Special Effects |
| Working in the Events Industry | | |

All training sessions designed and conducted by industry professionals with years of experience in entertainment and event production. Academy students who successfully complete the program may be eligible to be added to the on-call Production Staff list.

Only 10 academy students will be accepted per session.

Four Sessions will be offered:

Morning (9:00am-1:00pm)	Afternoon (3:00pm-7:00pm)
A. July 6th-July 17th, 2009	B. July 6th-July 17th, 2009
C. July 20th-July 31st, 2009	D. July 20th-July 31st, 2009

EPSA Tuition : \$500 per session

Applicants will be interviewed the week of May 25th, 2009.

Interested applicants should submit the Registration form to:

**ACG-EPSA Program
14508-F Lee Rd.
Chantilly, VA 20151**

If you have any questions,
please call Laura Macario
at (703) 631-2213



Events Production Summer Academy

PLEASE PRINT ALL INFORMATION.

Nickname: _____

Student Name : _____ Gender: ___M___F DOB: _____

Grade Entering Fall 2009: _____ Name of School: _____

Student Email: _____ Student Cell #: _____

Street Address: _____

City/State/Zip: _____ Home Phone: _____

Emergency Contact/Relationship: _____

Primary Phone: _____ Secondary Phone: _____

CLASS SELECTION Please number in order of preference

Session A _____ Session B _____ Session C _____ Session D _____

TOTAL TUITION: \$500.00

Morning (9:00am-1:00pm)	Afternoon (3:00pm-7:00pm)
A. July 6th-July 17th, 2009	B. July 6th-July 17th, 2009
C. July 20th-July 31st, 2009	D. July 20th-31st. 2009

PHOTO RELEASE

I grant Artistic Concepts Group, Inc. permission to photograph, record, or otherwise secure images of myself or my child. In addition, I hereby permit Artistic Concepts Group, Inc. to use these images and publish in print, electronic, or video format these likenesses. I release all claims against Artistic Concepts Group, Inc. with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

COMPANY RELEASE

I agree to release and discharge Artistic Concepts Group, Inc. and its officers, directors, agents, of and from any claims, demands, or liability arising from the participation of my child in any classes and programs sponsored by Artistic Concepts Group, Inc. In the event my child becomes ill, I authorize Artistic Concepts Group, Inc. staff to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permission is given to treat my child. My child has the following insurance coverage:

Insurance Company Name: _____ Insurance Company Phone: _____

Group Number: _____

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION Make checks payable to Artistic Concepts Group. Payment in full must be made 1 week prior to class. If paying by credit card, card will be processed June 26, 2009.

Amount Enclosed: \$ _____ Total Due: \$ _____

Payment Method : ___ Cash ___ Check ___ Visa ___ MasterCard ___ AMEX ___ Discover

Name on Card: _____ Card Number: _____

Exp. Date _____ CVV Code: _____ Signature: _____