



FORM "A" (also available at flatheatre.org)

FLORIDA THEATRE CONFERENCE

PARTICIPATING UNIVERSITY/COLLEGE FACT SHEET

NAME OF INSTITUTION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

DATES OF ACADEMIC SCHOOL YEAR: _____

CONTACT PERSON(S) AND TITLE(S) AT YOUR SCHOOL: _____

DEGREE(S) OFFERED: _____

PROGRAM OBJECTIVE(S): _____

BRIEF HISTORY OF THE SCHOOL AND THE DEPARTMENT: _____

FACILITIES (CLASSROOMS AND THEATRE(S)): _____

SCHOLARSHIPS AND/OR ASSISTANTSHIPS AVAILABLE: _____

If you need additional space, please use the back of this form.
Please return this form with Form "B" by **October 6, 2008** to:

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Jacksonville, FL 32211
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(904) 256 – 7375(FAX)