

THE AMERICAN GUILD OF COURT VIDEOGRAPHERS

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Web Page: www.agcv.com, E-mail: info@agcv.com Directory: www.legalvideographers.com

AGCV SEMINAR/CERTIFICATION APPLICATION

(Fees include CERTIFICATION, SEMINAR and the required 1st years MEMBERSHIP in the AGCV)

I, the undersigned, as a professional videographer, do hereby apply for membership as a "Fellow" in good standing in the American Guild of Court Videographers. My membership is effective the date approved by the AGCV. I agree to maintain the highest degree of professional standards in the performance of my services as a professional certified legal videographer.

Name: (Mr) (Mrs) (Miss) (Ms) _____ Birth Date: _____

(Please Type or Print Clearly)

Address: _____ City: _____

State: _____ ZIP: _____ Telephone: (____) _____ - _____

Company Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ ZIP: _____

E-Mail: _____ Web Site: _____ Years in video? _____

Toll Free Phone #: _____ FAX #: _____

What format are you using? _____ Have you taped depositions? _____ If so, how many? _____

Which certification are you applying for? CDVS _____, CVDS _____, or CCVS _____

If you have proof of your CLVS certification from the NCRA, we will waive the requirement that you produce a proof of performance video recording if you are applying for your "Certified Deposition Video Specialist" (CDVS) or your "Certified Court Video Specialist" (CCVS) certification.

If attending a seminar, which one? Date: _____ Location: _____

I have enclosed my:

(1) Payment in full with my check in the amount of \$ _____

(2) Credit card information in the amount of \$ _____

Please check one of the following:

CVDS CASPER SEMINAR: \$695.00 _____ CCVS CASPER SEMINAR: \$795.00 _____
CVDS REGIONAL SEMINAR: \$795.00 _____ CCVS REGIONAL SEMINAR: \$895.00 _____

Signature of applicant: _____

M/C _____ Visa _____ Discover _____ AmEx _____

Number _____ Exp Date: _____

Signature of Cardholder: _____ Date: _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND ACCURATE: