California Film Commission
Film and Television Tax Credit Program 2.0
Form Rev: 5/25/17

Career Readiness Requirement

Verification Form: **CLASSROOM WORKSHOP & EVENTS**

In order to fulfill this requirement, Presenter MUST fill out the online survey at -
http://www.surveygizmo.com/s3/3524714/Career-Readiness-Program-2-0-Years-2-5-Classroom-Workshops-Events
NOTE: If more than one person is participating, please use one form for each person

PRODUCTION COMPANY

Date _____ Queue # _____

Project Title _____

Primary Contact Name

Email Address _____

Office Phone _____ Cell Phone _____

Presenter (from the production company)

Name _____

Name of Event OR Course Title _____

Workshop/Event topic(s): _____

_____

CAREER READINESS ORGANIZATION

School OR Career Based Learning Program _____

Classes Participating _____

# of Students Participating _____

Program Type/Degree Type _____

ORGANIZER

Name _____ Position _____

Email _____ Phone _____

Workshop Hours: PROJECTED
Minimum 8 Hours

Workshop Date(s) _____ **Total # of Hours** _____

Production Company/Presenter

Presenter Name _____

Date _____

Organizer

Name _____

Date _____

Workshop Hours: COMPLETED
Minimum 8 Hours

Workshop Date(s) _____ **Total # of Hours** _____

Production Company/Presenter

Presenter Name _____

Signature _____

Date _____

☐ Verified workshop and hours.

Organizer

Name _____

Signature _____

Date _____

☐ Verified workshop and hours.