

Nature Photography Workshop

July 11-13 Registration Form

Name(s): _____

Contact Information:

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

E-mail address: _____

Preferred method of communication: _____

How would you describe your photography experience level (Circle one)

Beginner

Intermediate

Advanced

What kind of equipment will you be bringing to the workshop?

If we take photos of you during the workshop, may we use your photo in future PVAS promotional materials? (Circle one) Yes No

If yes, please sign here: _____

I have read and agree to all workshop policies in information packet:

Signature

Date

Registration must be accompanied by payment:

___ I have enclosed a check made out to PVAS for the nonrefundable deposit of \$25/person.

___ I have enclosed a check made out to PVAS for the full amount (\$150/person).

Please mail completed application and checks to:

Attn: Weekend Photo Workshop, PVAS, PO Box 578, Shepherdstown, WV 25443

PLEASE REGISTER BY JUNE 25th!