

Nature Photography Workshop

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, PVA S, PO Box 578, Shepherdstown, WV 25443

PLEASE REGISTER BY APRIL 11!