

APPLICATION

Mail or Fax to: Caribbean Photo Workshop • 747 Shotgun Road • Weston, FL 33326, USA
 Phone: 954.888.7729 • Fax: 954.888.5997

Caribbean Photo Workshop

PARTICIPANT INFORMATION

Name _____ Male Female Age _____

Address _____ Phone _____ Cell Day Eve

City _____ State _____ Zip _____ E-mail _____

Country _____

How did you hear about our workshop? _____

Are you an Alumnus? Yes No Which workshop(s)? _____

Is your employer sending you to this workshop? Yes No If so, employer's name _____

Years in photography _____ Digital camera to be used: Make and Model _____

* A laptop computer is required for all the workshops *

WORKSHOP TITLE & INSTRUCTOR	STARTING DATE	TUITION	ADDITIONAL FEES Models, Materials, Location	TOTAL in U.S. \$
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Other (please specify)			Application Fee <i>required, non-refundable</i>	
Credit Card # _____			Subtotal	
Exp. Date _____ Verification code from back of card _____			Credits	
Credit Card Billing Address _____			TOTAL DUE	
_____			Less Deposit Enclosed	
_____			BALANCE DUE <i>60 days prior to start of workshop</i>	
Signature _____ Date _____				