

SEND REGISTRATION FORM BY MAIL OR FAX

FOTOFEST, WORKSHOP REGISTRATION

1113 Vine Street, Suite 101, Houston Texas 77002
tel. 713-223-5522 x 13 fax. 713-223-4411

Name: _____

Address: _____

Phone: _____

E-mail: _____

Method of Payment:

Check _____ Visa _____ Master Card _____

Credit Card Number: _____ Exp. _____

Signature _____

*Please provide the 3 digit code from the back of the card: _____

Billing Address if different: _____

Register For:

March 14, 2006 _____ \$150.00
Students with proper ID &
Meeting Place Registrants _____ \$125.00

March 19, 2006 _____ \$150.00
Students with proper ID &
Meeting Place Registrants _____ \$125.00

Both Workshops

March 14 & 19, 2006 _____ \$250.00
Students with proper ID &
Meeting Place Registrants _____ \$225.00

TOTAL: _____

****Refunds will be offered until January 3, 2006 for the workshop (minus \$30 administrative fee).
Refunds will not be available after that date.***