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WORKSHOP/SEMINAR APPLICATION

PARTICIPANTS NAME:	WORKSHOP DATE:
STREET ADDRESS:	FEE AMOUNT:
CITY:	STATE ZIP CODE:
EMAIL ADDRESS:	PHONE NUMBER:

CHILDREN GLAMOUR LANDSCAPES PORTRAITS BETTER PICTURES

Select course above, or specify here:

SHARE YOUR PHOTOGRAPHY BACKGROUND, QUESTIONS, AND COMMENTS HERE:

OUR GOAL IS TO HELP YOU OBTAIN WONDERFUL IMAGES AND PRESENT THEM PROFESSIONALLY. SO PLEASE TELL US WHAT SPECIFICALLY YOU ARE LOOKING TO GAIN FROM THIS COURSE?

Please email or mail this application to the studio address above, thank you. See you at the workshop, clean your equipment~!