

SANTA FE PHOTOGRAPHIC WORKSHOPS
 P.O. Box 9916 • Santa Fe, NM 87504-5916
 (505) 983-1400, ext. 11 • fax: (505) 989-8604

APPLICATION FORM

Name _____ Male Female Age _____

Mailing Address _____

City _____ State _____ Zip _____

First Phone Preference (_____) _____ Cell Day Evening

Second Phone Preference (_____) _____ Cell Day Evening

E-mail _____

How did you hear of our workshops? _____

Were you referred by an SFW Alumnus? Yes No Who? _____

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

Occupation _____ Employer _____

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

Years in photography _____ Make and Model of Digital SLR Camera to be used _____

Accommodations are double occupancy. For a single supplement, add \$300.

WORKSHOP TITLE & INSTRUCTOR	DATES	PACKAGE PRICE
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express Exp. Date: _____ Credit Card # _____ Verification code from card _____ Credit Card Billing Address <input type="checkbox"/> Same as above _____ _____ Signature _____ Date _____		Application Fee: \$45 <i>(required)</i> Credits Subtotal Less Deposit Enclosed