

ALL IN 1 - DAY DIGITAL PHOTOGRAPHY WORKSHOP

PERSONAL INFORMATION

VOUCHER NUMBER: SECURITY CODE:
NAME: SURNAME:
TITLE: INITIALS: CITIZENSHIP:
ID/ PASPORT:
HOME LANGUAGE:
CONTACT NO (H):
MOBILE NO:
E-MAIL:
HOME ADDRESS:

BOOKING INFORMATION

AVAILABLE DATES:

MON	TUES	WED	THURS
19-Dec	20-Dec	21-Dec	22-Dec
02-Jan	03-Jan	04-Jan	05-Jan
09-Jan	10-Jan	11-Jan	12-Jan
16-Jan	17-Jan	18-Jan	19-Jan
23-Jan	24-Jan	25-Jan	26-Jan
30-Jan	31-Jan	01-Feb	02-Feb

(ADDITIONAL DATES WILL BE OPENED IF NEEDED).

WHICH WORKSHOP WOULD YOU LIKE TO ATTEND? _____

PLEASE GIVE US 2 ALTRNATIVE DATES IF _____

WE WILL FILL CLASSES ON A FIRST COME FIRST SERVE BASIS, BUT WILL TRY AND ACCOMMODATE EVERYONE

WHAT YOU WILL NEED:

ANY CAMERA OF YOUR CHOICE (NOT COMPULSORY)
NOTE BOOK AND A PEN

E-MAIL: workshop@clproductions.co.za

Enquiries: 021 975 5310

WHAT TYPE OF CAMERA AND EQUIPMENT DO YOU OWN, IF ANY?

WHAT KNOWLEDGE WOULD YOU LIKE TO GAIN FROM THE WORKSHOP?

FORM
ELEMENT
ENROLMENT