



REGISTRATION FORM

REGISTRY No: _____

DATE: _____
CITY: _____

Please, fill all the boxes on the form, thank you.

Name: _____	Lastname: _____
Birthdate: _____	Identification No: _____
Address: _____	
Email: _____	
Telf: _____	Office No: _____

OTHER INFORMATION

What is your current occupation? _____
<input type="checkbox"/> Are you dentist?
Do you have knowledge about photography? _____

FOR SEAT-RESERVATION PLEASE CHOOSE FROM BELOW

Modality: <input type="checkbox"/> Pro Level (900€) <input type="checkbox"/> Montion (500€) <input type="checkbox"/> Pro Level + Montion (1300€)
<input type="checkbox"/> Is your fist time in When The Pictures Really Matter? _____

Note: The reservation is done by signing this FORM. Please do the Payment at least 2 Month before the course date. If you would like to resign by any cause, it will be possible 2 month before course date. If you would like to resign 1 month before course date, 50% is non-refundable, resigning less than 1 month before than the whole amount is non-refundable.

Signature: _____