

# APPLICATION FOR ENROLLMENT

Register on-line at [www.workshop.org](http://www.workshop.org)

MAIL OR FAX TO:

**Palm Beach Photographic Centre**

415 Clematis Street  
West Palm Beach, FL 33401  
561.276.9797

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Winter Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Summer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Company (if company-sponsored) \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  M  F Years in Photography \_\_\_\_\_ Formats Used: \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Dates	Workshop Title(s)	member	non-member	Lab Fee	Model Fee	Total
		Tuition	Tuition			

Computer Preference: (digital imaging workshops only)  Macintosh  Windows

**Please reserve OPTIONAL accommodations for me:**

Hotel Name	Arrival Date	Departure Date	# of Nights	Single Room	Dbl Room	Room /person Total

**Please reserve OPTIONAL room preferences for me as indicated:**  Smoking  Non-smoking

I will be rooming with: \_\_\_\_\_  
\_\_\_\_\_

Total Workshops / Hotel .....	\$ _____
Photo Tours package Price .....	\$ _____
Sub-total Workshops .....	\$ _____
50% Deposit of Workshop / Hotel .....	\$ _____
+ Membership Dues .....	\$ _____
+ Donation to <i>Picture My World</i> .....	\$ _____
Total Enclosed .....	\$ _____
<b>Balance Due</b> (30 days prior to workshop) .....	\$ _____
(120 days prior for travel workshops)	

**We try our best to accommodate computer preferences. Not indicating a preference will result in using what is available.**

**PLEASE NOTE: Membership fees are non-refundable.**

My check made payable to **The Palm Beach Photographic Centre** is enclosed.  
Bill my credit card:  VISA  MASTERCARD  AMERICAN EXPRESS

Cardholder's Name: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Upon acceptance into desired workshop(s), a detailed statement will be mailed to you.

I have enclosed, with this application form, full payment of minimum deposit required. I have read and I agree to the terms and conditions of the Palm Beach Photographic Centre, noting the policy of payment, cancellation and liability.

Signature: \_\_\_\_\_