

# The Center for Alternative Photography

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## Registration Form

<b>Name:</b>
<b>Address:</b>
<b>Phone/Cell:</b>
<b>Email:</b>
<b>Website:</b>

<b>Workshop:</b>
<b>Dates:</b>
<b>Workshop:</b>
<b>Dates:</b>
<b>Total of Workshop Costs and Lab Fees:</b>

**Our preferred form of payment is check** (business or personal) or money order. Please make checks out to CFAAHP Ltd. and send checks with your registration form. Or, if you can not pay via check, you may pay via Credit Card. Please list your Credit Card Number and exp. date here: \_\_\_\_\_

You may also fax or email this form to us and mail a check separately.

We will confirm your enrollment via phone or email. The registration fee is non-refundable except in extreme circumstances. If your selected workshop does not run due to under enrollment, 100% of your payment will be refunded. Please call if you would like to set up a payment plan.

**Please call or email us with any questions. We look forward to seeing you!**