

Your Name _____

Phone number _____

What camera do you have? _____

Please list all the lenses you have _____

Where do you print your photos most often? _____

Your Signature _____ Date _____

Please note that the non-refundable deposit of \$60 required for registration. If you are paying by check please make the check payable to "Maria Supin" and mail to the following address:

2014 NE 109 CIR

Vancouver WA 98686