



The Photographers' Formulary 19th Century Processes

APPLICATION FORM

MAIL OR FAX TO: PHOTOGRAPHERS FORMULARY INC.
P.O. BOX 950 • CONDON, MONTANA 59826-0950
Ph: (800) 922-5255 • Fax: (406) 754-2896 www.workshopsinmt.com • formulary@blackfoot.net

Name _____ Male ___ Female ___ Age ___

Permanent Mailing Address _____

City State/Prov. Zip/Postal Code _____

Bus. Phone () _____ E-mail _____

Home Phone () _____ Fax: () _____

How did you hear of our Workshops? _____

Occupation _____

Years in Photography ___ Camera Formats used _____

I would like to stay on site at the B&B for 5 nights (NON-SMOKING) all amenities.

___ \$250.00 per person, Double Occupancy (+ Tax) ___ \$450.00 Single Occupancy (+ Tax)

___ I will find my own housing ___ Camping (\$50.00 includes showers + Tax)

Prefer to share a room with a friend in a workshop? ___ Yes ___ No Friend's name _____

Do you require a vegetarian lunch and dinner? ___ Yes ___ No

Do you request the roundtrip shuttle from Missoula A/P ___ Yes ___ No

WORKSHOP TITLE & INSTRUCTOR	DATE	TUITION	HOUSING	Total
Subject to change		\$100.00 ROUNDTRIP SHUTTLE from Missoula Airport =		
Subject to change		** MEALS Required \$275.00 x	(number of workshops) =	
LAB FEE (Determined by the chemistry used during the week and the amount of students) =				

Alternate Workshops:	Application Fee (required) ** \$20.00	
	Subtotal	
___ Visa ___ MasterCard ___ Discover ___ AMEX ___ Check or Money Order enclosed payable in US dollars Exp. Date: _____ Security Code _____ Credit Card No.: _____ I have read the terms applicable to my workshop concerning payment, liability and Cancellations. Signature for deposit _____ Date: _____	7% Lodging Tax** Total Due	
	Less Deposit Enclosed	-\$220.00
Signature for remaining balance: _____	Balance due 30 days Prior to start of workshop	