

REGISTRATION FORM

Name _____

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

PSA ID # _____

Camera Club or Other Affiliation _____

How did you learn about this Seminar? _____

Tickets Before June 18 (PSA Member) @ \$55 _____ # After June 18 (PSA Member) @ \$60 _____

Tickets Before June 18 (Non PSA) @ \$60 _____ # After June 18 (Non PSA) @ \$65 _____

Total _____

After you have paid using PayPal, fill in this Interactive Registration form and hit SUBMIT in the upper right hand corner. An email will show up. Please change the main address to:

mxbrandt@comcast.net and send.

For more information, contact Chairman Melanie Lewert at mlemail@mindspring.com