

# PHOTO WORKSHOPS 2007

AT THE RENCONTRES D'ARLES

## REGISTRATION FORM

**SURNAME:** .....

**FIRST NAME:** .....

Address : .....

City : .....

Telephone: ..... Mobile: .....

Email: .....@.....

Languages(s) spoken:  French /  English /  Spanish /  Italian /  German

Nationality: .....

Year of birth: .....

### WORKSHOP(S) CHOSEN:

.....  
.....

Date :

Second choice (in case of cancellation): .....

Deposit enclosed (50% of total fee): .....€

Estimated level:

Professional /  Amateur /  Beginner

Is the workshop being paid for by your employer or an organisation?  Yes /  No

If yes, please provide details and address

.....  
.....

The camera you intend using during the course:

24 x 36 film

medium format film

Digital reflex (if possible bring two memory cards)

*Film treatment times mean that view cameras cannot be used*

Have you already taken part in a Rencontres d'Arles workshop?

Yes /  No

Will you have a car during your stay in Arles?

Yes /  No

Accommodation deposit enclosed (50% of the total cost):.....€

**Post this form with payment to:**

Rencontres d'Arles / 10 rond point des Arènes / BP 96 / 13632 ARLES cedex

Contact:

**RENCONTRES D'ARLES WORKSHOPS**

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**LES RENCONTRES D'ARLES**  
PHOTOGRAPHIE

www.rencontres-arles.com