

LES STAGES PHOTO 2008 DES 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

.....

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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 :

LES STAGES PHOTO DES RENCONTRES D'ARLES

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LES RENCONTRES D'ARLES
PHOTOGRAPHIE

www.rencontres-arles.com