

LES STAGES PHOTO DES RENCONTRES D'ARLES 2009



REGISTRATION FORM

SURNAME:

FIRST NAME:

Address :

Zip/ post code..... Country:

Telephone: Mobile:

Email:

Nationality:

Date of birth:

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

WORKSHOP(S) CHOSEN:

.....

.....

Date(s):

Second choice (in case of cancellation):

Deposit enclosed (50% of total fee):€

By : Bank transfer* (date :) / Postal order (date :)

Contact us to get our banking references

Estimated level:

Professional / Amateur / Beginner

What kind of camera do you intend to use during the course?

Digital reflex (please bring six memory cards)

24 x 36 film

medium format film

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

How did you hear about the Rencontres d'Arles' workshops?

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Post this form with payment to:

LES RENCONTRES D'ARLES / 10 rond point des Arènes / BP 96 / 13632 ARLES cedex

LES STAGES PHOTO DES RENCONTRES D'ARLES

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