

“MORE ART OF DIGITAL PHOTOGRAPHY”
Workshop Registration form

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: HOME, CELL _____

EMAIL ADDRESS: _____

CLASS STARTING DATE: _____

NOTE: Complete this registration form and mail it with a check for the full course fee of \$130
made out to Phil Winter. Mail registration and payment to the instructor:

Phil Winter
5850 Wills Lake Rd.
Cumming, GA 30040

Completed registration form and full payment must be received no later than one week prior to the class start. Class size is limited to five students. Register early to avoid a waiting list.

Class Location:
Midway United Methodist Church
5025 Atlanta Hwy, Alpharetta, GA 30004

For more information contact the instructor: Phil Winter
philwinter@mindspring.com
770-664-5850
PhilWinterPhotography.com