

## Stan C. Reade Photo and Digital Workshop Registration Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Workshop and Date: \_\_\_\_\_

Name of Workshop and Date: \_\_\_\_\_

Name of Workshop and Date: \_\_\_\_\_

Name of Workshop and Date: \_\_\_\_\_

Name of Workshop and Date: \_\_\_\_\_

Name of Workshop and Date: \_\_\_\_\_

Credit Card Number: Visa, M/C or Amex \_\_\_\_\_ Exp. Date \_\_\_\_\_

You may fax or email your registration form Fax (519) 433-4036 Email [mail@stancreade.com](mailto:mail@stancreade.com)