



The Photographers' Formulary 19th Century Processes

APPLICATION FORM

MAIL OR FAX TO: PHOTOGRAPHERS FORMULARY INC.

P.O. BOX 950 • CONDON, MONTANA 59826-0950

Ph: (800) 922-5255 • Fax: (406) 754-2896 www.photoformulary.com • formulary@blackfoot.net

Name _____ Male ___ Female ___ Age _____

Permanent Mailing Address _____

City State/Prov. Zip/Postal Code _____

Bus. Phone () _____ E-mail _____

Home Phone () _____ Fax: () _____

How did you hear of our Workshops? _____

Occupation _____

Years in Photography _____ Camera Formats used _____

I would like to stay on site at the lodge for 5 nights (NON-SMOKING) all amenities.

_____ \$250.00 per person, Double Occupancy (+ Tax) _____ \$450.00 Single Occupancy (+ Tax)

_____ I prefer to stay at the Swan River Lodge (2 1/2 miles away all rooms Non-Smoking)

_____ I will find my own housing _____ Camping (\$50.00 includes showers + Tax)

Prefer to share a room with a friend in a workshop? ___ Yes ___ No Friend's name _____

Do you require a vegetarian lunch and dinner? ___ Yes ___ No

Do you request the roundtrip shuttle from Missoula A/P ___ Yes ___ No

WORKSHOP TITLE & INSTRUCTOR	DATE	TUITION	HOUSING	Total
\$75.00 ROUNDRIP SHUTTLE from Missoula Airport =				
MEALS Required \$245.00 x _____ (number of workshops) =				
KIT FEE TO BE DETERMINED (generally \$50 to \$150 - We will try to post to our web site when known) =				

Alternate Workshops:	Application Fee (required) \$20.00	
	Subtotal	
___ Visa ___ MasterCard ___ Discover ___ AMEX ___ Check or Money Order enclosed payable in US dollars	7% Lodging Tax Total Due	
Exp. Date: _____ Security Code _____		
Credit Card No.: _____ I have read the terms applicable to my workshop concerning payment, liability and Cancellations. Signature for deposit _____ Date: _____	Less Deposit Enclosed	-\$220.00
Signature for remaining balance: _____	Balance due 30 days Prior to start of workshop	