



WORKSHOP REGISTRATION FORM

If you cannot submit this form electronically, please print, complete and fax with waiver to: 631-273-2557 or you may scan and attach files via e-mail to: scummings@tiffen.com

Field names in RED ITALICS denote required fields

Attendee Information

Workshop

Location

- Name:
Address:
City/State:
Zip/Postal Code:
Country:
E-Mail:
Phone/Mobile Phone:
Fax:
Business Name:
Business Address:
Occupation:
T-shirt Size:
Certificate Name*:

Form fields for attendee information

Do you own a Steadicam? Yes No

Which model?

Years Experience:

Experienced In: Film Video Both

Recent Credits:

Payment of: to be paid by:

- Check enclosed
Credit Card
American Express
Mastercard
Visa

Card Number:

CCV Number:

Expiration Date:

Cardholder Name:

Data is not secure.

*Print name EXACTLY as it should appear on certificate

Room & Board*: Single Double

*Does not apply to Flyer/Pilot Workshops.

We may take photographs during our Steadicam Workshops and use them for our website... Please check the appropriate box below, and either sign or type in a statement giving us permission to use these workshop photos for Steadicam promotional purposes.

- Yes You May
No You May Not

Comments:

Comments text area

Signature:

Signature box

Print Name:

Print Name box

Date:

Date box

Tiffen offers the Steadicam Workshops for the explicit purpose of teaching Steadicam Operating Techniques. While camera issues and operation may be discussed through out the class the Workshop does not teach camera operation or the specific use of any Film or Video camera.