



experience **KNIGHT**
WORKSHOPS

*PLEASE COMPLETE THE FORM BELOW TO BE CONSIDERED FOR THE FALL 2010 EXPERIENCE KNIGHT WORKSHOPS. FAX COMPLETED FORM TO (404) 521-4569 OR SCAN TO EMAIL AND RETURN TO: WORKSHOPS@ROSSOSCARKNIGHT.COM. SUBJECT HEADER "EXPERIENCE KNIGHT FORM."

NOTE: EMAIL US YOUR FAVORITE PHOTO YOU HAVE TAKEN (MAX RESOLUTION – JPEG - 480 X 720 PIXELS - 72 DPI – 200 KB)

LIMITED TO 10 STUDENTS ONLY. ONCE WE RECEIVE YOUR APPLICATION IT WILL BE REVIEWED AND ACCEPTANCE WILL BE SENT IF YOU ARE APPROVED. TUITION FEE IS DUE TO RESERVE YOUR SPACE.

FULL NAME	
CURRENT OCCUPATION	
AGE	
ADDRESS	
HOME PHONE/CELL PHONE	
EMAIL	
CAMERA TYPE (INCLUDE LENSES)	
YEARS IN PHOTOGRAPHY	
DO YOU HAVE A WEBSITE? IF SO, PLEASE PROVIDE WEBSITE.	
DO YOU OWN YOUR OWN PHOTOGRAPHY BUSINESS?	YES___ NO___ # OF YEARS_____ YEARLY REVENUE_____
WHAT TYPE OF ACCOUNTING SOFTWARE DO YOU USE?	
MARK PREFERRED CLASS DATE (CHOOSE 1)	OCT 15 '10 _____ OCT 16 '10 _____ BOTH _____ INTRO TO PHOTO \$475 BUSINESS OF PHOTO \$475 \$950
CIRCLE YOUR EXPERIENCE IN PHOTOGRAPHY (5 GREATEST)	1 2 3 4 5
CIRCLE YOUR EXPERIENCE IN PHOTOSHOP (5 GREATEST)	1 2 3 4 5
WHY ARE YOU INTERESTED IN THIS CLASS?	
WHAT DO YOU ENJOY SHOOTING?	
HOW OFTEN DO YOU SHOOT?	
WHO'S YOUR PHOTOGRAPHY HERO AND WHY?	
DO YOU HAVE A MANUAL DIGITAL SLR OR WILL YOU NEED A RENTAL FOR A DIGITAL SLR?	
WHAT HOBBIES DO YOU ENJOY OUTSIDE OF PHOTOGRAPHY?	
WHAT IS A QUOTE, PASSAGE, VERSE OR SAYING THAT DESCRIBES YOU OR YOUR PHILOSOPHY ON LIFE?	
WHAT ARE YOUR EXPECTATIONS OF THIS CLASS?	
WOULD YOU BE INTERESTED IN A WELCOME MIXER THE NIGHT BEFORE THE 1ST CLASS?	YES_____ NO _____



CREDIT CARD AUTHORIZATION FORM

I _____ HEREBY AUTHROIZE ROSS OSCAR KNIGHT PHOTOGRAPHY TO CHARGE MY CREDIT CARD ACCOUNT FOR THE SELECTED WORKSHOP(S).

[] INTRO TO PHOTOGRAPHY
OCT 15, 2010
\$475

[] THE BUSINESS OF PHOTOGRAPHY
OCTOBER 16, 2010
\$475

[] BOTH WORKSHOPS (SPLIT PAYMENT AVAILABLE)
OCT 15-16, 2010
\$950

[] VISA [] MASTERCARD [] AMERICAN EXPRESS

CREDIT CARD #: _____

EXIPIRATION DATE: ____/____ VID CODE: _____

CREDIT CARD BILLING ADDRESS:

STREET: _____

CITY: _____ STATE: _____

ZIP CODE: _____ - _____ COUNTRY (IF NOT US): _____

TELEPHONE: _____

CARDHOLDER'S SIGNATURE

DATE