

Photographers' Formulary 19th Century Workshops

APPLICATION FORM

1-800-9922-5255 www.workshopsinmt.com Formulary@blackfoot.net

Name _____ Male ___ Female ___ Age _____

Permanent Mailing Address _____

City State/Prov. Zip/Postal Code _____

Phone () _____ E-mail _____

How did you hear of our Workshops? _____

Occupation _____

Years in Photography __ Camera Formats used _____

ACCOMODATIONS: 6 rooms on site, all reservations are on a "first come, first served" basis.

<u>ON SITE B&B FOR DURATION OF WORKSHOP (NON-SMOKING)</u>	<u>COST</u>	<u>TOTAL</u>
<u>ALL AMENITIES</u>		
Double Occupancy (shared with another workshop participant) (+ Tax)	\$310.00 per person	
\$450.00 Single Occupancy (+ Tax) Limited available /First come first served	\$510.00	
Tent Camping (\$75.00 includes showers + Tax)	\$135.00	
RV Camping with electric & water hook ups (no sewer) ONLY 2 AVAILABLE	\$210.00	
	+ 8% Lodging Tax	
	TOTAL	

I will find my own housing _____

Prefer to share a room with a friend in a workshop? __ Yes __ No

Friend's name _____

NEED INFORMATION ON AVAILABLE SHUTTLES FROM MISSOULA?

CALL Sheila 1-406-493-2345 Airport 1-406-880-7433

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

Other food restrictions? (please note gluten free menu incurs an extra charge)

WORKSHOP FEES:

<u>WORKSHOP TITLE & INSTRUCTOR</u>	<u>DATE</u>	<u>TUITION</u>	<u>Total</u>
DISCOUNTS APPLICABLE-----	----->		-
		Application Fee <small>(required/non-refundable)</small>	\$20.00
MEALS (Required) \$ 310.00 x _____ (number of workshops)			
TOTAL			
*LAB FEES are not included in the workshop fee & are determined by the chemistry/supplies used			

during the week & the # of students. Charged at the end of the workshop & must be paid at checkout. *

Alternate Workshops:		
<input type="checkbox"/> Visa MasterCard Discover AMEX <input type="checkbox"/> Check or Money Order enclosed payable in US dollars		Total Due (from all columns)
Exp. Date: _____ Security Code _____ Credit Card No.: _____ I have read and agree to the terms applicable to my workshop concerning payment, liability and Cancellations. Signature for deposit _____ Date: _____		Less Deposit Enclosed (Includes Non- Refundable \$20.00 Application Fee)
Signature for remaining balance: _____		-\$220.00 Balance due 30 days Prior to start of workshop

Please complete form and email to Formulary@blackfoot.net or mail to Photographers' Formulary, P.O. Box 950, Condon, MT 59826

Transfer / Cancellation Policy

Workshops must have at least 5 participants to run, *because of this sometimes workshops are cancelled due to insufficient registration.* Considering this, registration ends one month before the start date of the workshop. We encourage people not to purchase airfare, rent cars, etc. before they receive confirmation that the workshop will run.

*** Photographers' Formulary is not responsible for compensation if you have already purchased your airfare, etc. and your workshop is cancelled***

If for any reason you choose to transfer to a different workshop, please notify us at least 30 days before the start of your first workshop. *The transfer is dependent on space and availability and if any additional payment is necessary you will be invoiced.*

If for any reason you need to cancel a workshop, please notify us at least 30 days before the start of your workshop.

If notification of cancellation is made less than 30 days before the start of the workshop, we will retain the \$200.00 deposit. No refund will be given for **\$20.00 application fee, as it is non-refundable.**

No refund of any fees will be made for withdrawal/cancellation after the workshop begins.

If cancellation of your room is made less than 30 days prior to the start of the workshops no refund will be given.

In the event that **WE** must cancel a workshop, for any reason, all fees and deposits will be refunded in full to you. With an exception to the non-refundable \$20.00 application fee.

Liability Release Form

Effective Date (date signed) _____

Between Photographers' Formulary A Montana Corporation
Located at 7079 Highway 83 North Condon, Montana 59826

And the following person: _____ (Print Participant's Name), further
referred to as "Participant"

Located at: _____ (Address)
_____ (City), (State) (Zip Code)

The undersigned agrees/understands and does hereby release from all liability and hold harmless Photographers' Formulary and any of its employees representing or related to the Photographers' Formulary. This liability release is for any and all liability for personal injuries including death and property losses or damage in connection with any activity or accommodation of the above-mentioned Business. The undersigned does hereby further agree to abide by all the rules and regulations that are presented by Photographers' Formulary. The participant is signing this liability release form of their own will and not under duress. Applicable Law This contract shall be governed by the laws of the State of Montana in Missoula County and any applicable Federal Law.

Signature of Participant _____ Date _____