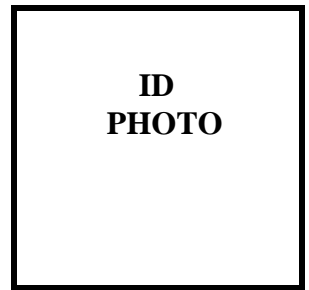




MOWELFUND FILM INSTITUTE

2011 INTENSIVE FILMMAKING WORKSHOP



REGISTRATION FORM

Name: _____
Last First M.I.

- Student
- Professional

Age: _____ Birthday _____ Sex _____ Nationality _____

Profession _____

Office/School _____ Tel: _____

_____ Fax: _____

Home Address _____ Tel: _____

_____ Cellphone: _____

_____ Email: _____

Educational Background: _____

Why do you want to take this Workshop?

Have you attended any classes in film/video, multi-media production? If yes, Please specify?

Have you been involved in any film/video, multi-media production? If yes, please specify project/s and your role/s in it.

Does the workshop schedule conflict with any of your activities? If yes, please explain.

What do you expect from this workshop?

How did you know of this workshop? Please check.

- Press release
- T.V Plug
- Poster/Flyers
- Referrals
- others _____

I hereby declare all of the above information true and correct.

Printed Name

Signature

Date