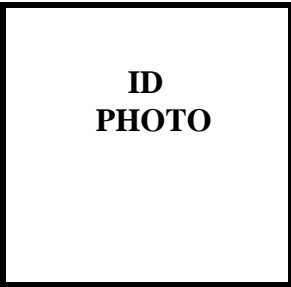




MOWELFUND FILM INSTITUTE

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