

Registration for Pinhole Photography Session with Dianne Bos 2010

International School of Painting, Drawing and Sculpture

To register, please complete form and send by e-mail to:
mservin@giotto.us (or save the form to your computer and
attach it in an email)

or by mail to: International School of Painting, Drawing and Sculpture
PO Box 5679
River Forest, IL 60305 USA
US Voicemail / Fax (toll-free): (866) 449-3604
info@giotto.us www.giotto.us

Pinhole Photography Session with Dianne Bos

bosphoto@gmail.com

Dianne Bos Photography: <http://www.diannebos.com/>

Date: _____

- **One week program fee is 1300 euros.**
- The fee includes instruction, darkroom access and basic supplies, a single room, three meals a day (breakfast only on trip day), a group trip, and ground transportation from and to Fiumicino airport in Rome on the first and last day of the session.
- US\$250 non-refundable deposit is due upon registration to reserve your place; balance of fees must be received no later than one month before the session begins, or may be subject to late payment fees. Total fees are calculated in EURO and include 20% IVA (value-added tax).
- Please see www.oanda.com for exchange rates.

International School of Painting, Drawing and Sculpture
Piazza Michelotta di Biordo, 6
06057 Montecastello di Vibio (PG) ITALY
Tel./Fax: +(39) 075 8780072

Payments may be made by PayPal or Google Checkout on our website:
<http://www.giotto.org/cimabue/bos/>
or through our secure storefront at
<http://giotto.dynamic-storefront.com/>

Name (Last, First, Middle) _____

Phone _____

Mobile Phone _____

Fax _____

Email _____

Address _____

If temporary address, valid until _____

Permanent Address _____

Passport # _____

Expires _____

Citizenship _____

Place of birth _____

Date of Birth (Month/Date/Year) _____

M/F (choose one) _____

Single / Married _____

Emergency contact Name _____

Phone _____

Address _____

Relationship _____

Alternate: Name _____

Phone _____

Address _____

Relationship _____

Important: Help us make sure you're comfortable. Any physical concerns? Medication? This information will be kept confidential.

Health Insurance Carrier _____

Policy Number _____

Please briefly describe your experience with pinhole &/or other photography

