Photography Training

Participant Details		
Name as in passport:		
Preferred if different from	n above	
Address		
Post Code	Telephone (Day)	(Evening)
Email		
Names of additional par	ticipants:	
Workshop/Day course d	etails	
Name of Workshop/Day	course	
Date of course		
Method of Travel: car □	train □ air □	
I require collection from	/to St. Albans train Station (free) □
I require collection from	/to Luton Airport (£20) □	•
•	. ,	
I have read and agree on behalf of the person		nditions of booking and accept them
Sianature	☐ Please ti	ck here if you wish to pay online by Credit/Debit Card

Please send this form and a non-refundable deposit (please make cheques payable to "Nicholas Davison") of the amount stated for your chosen course to:

Dave Jackson Photography 22 Partridge Road St. Albans Herts AL36HH www.davejacksonphotography.co.uk email:davejacksonimages@yahoo.com phone: 07447916103

N.B. I do not share your personal details with other organisations apart from those directly linked with the running of the tour (e.g. Hotels)

Personal details and information

Contacts during workshop – for emergency use only

is named person above
Name:
Relationship:
Address:
Daytime Tel: Eve/weekend tel:
2nd named person above
Name:
Relationship:
Address:
Daytime Tel: Eve/weekend tel:
Health Requirements
(Please list any regular medications required or any special medical requirements)
Dietary Requirements
(Please list any special requirements)