

# REGISTRATION ADULT PROGRAMS

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## WORKSHOPS FALL SPRING

Course Title(s)	Date(s)	Fee
1.) _____	_____	\$ _____
2.) _____	_____	\$ _____
3.) _____	_____	\$ _____
4.) _____	_____	\$ _____
5.) _____	_____	\$ _____
6.) _____	_____	\$ _____
7.) _____	_____	\$ _____

### SELECT METHOD OF PAYMENT:

Cash (do not mail)

Total: \$ \_\_\_\_\_

Check#: \_\_\_\_\_ (Make payable to SMP/DSC)  
Include driver's license number and phone number on check.

Credit Card (please circle) - Visa, AmEx, Discover, MasterCard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

Please review payment and refund policies and sign on reverse.  
Registration form is not complete without a signature.

### For museum use only

Received by: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# SOUTHEAST MUSEUM of PHOTOGRAPHY

■ For additional information about our programs,  
please contact 386-506-4569 or 386-506-4475

■ Visit our website: [www.smonline.org](http://www.smonline.org)

## REGISTRATION AND PAYMENT:

■ Registrations are taken on a space available basis and must be received at least 24 hours in advance of the scheduled program. Full payment is required at time of registration. Two part workshops require attendance on both dates.

### TO REGISTER IN PERSON OR BY MAIL:

Return this completed and signed registration form to the reception desk at the Southeast Museum of Photography during normal hours of operation (listed below), or mail to the attention of Christina Katsolis at the address listed on the bottom of this registration form.

Tues, Thurs, Fri: 11 am - 5 pm, Wed: 11 am - 7 pm, Weekends: 1 - 5 pm

## WITHDRAWALS AND REFUNDS:

■ Withdrawal from a workshop requires advance notice (at least one business day) and a refund will be issued less a 15% processing fee. You must present a receipt to receive a refund. Allow 6-8 weeks for processing.

## PHOTO RELEASE:

By checking this box, I give permission for my picture to be taken during workshop activities, and I understand that any such photographs may be published and used by the Southeast Museum of Photography or Daytona State College for educational or promotional purposes.

By signing this form, I acknowledge that I have read and understand the payment and refund policies listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1200 West International Speedway Blvd.  
Daytona Beach, FL 32114