



Workshop Registration Form

Please Print Legibly

Workshop Name _____ Start Date _____

Your Name(s) _____
(As Listed on Driver's License or Passport)

(As Listed on Driver's License or Passport)

Address: _____

City: _____ State _____ Zip _____

Phone: Home (____) _____ Work(____) _____ Cell(____) _____

Email Address: _____

EMERGENCY CONTACT INFO

Person to Contact in an Emergency: _____

Relationship: _____

Phone: Home (____) _____ Work (____) _____ Cell(____) _____

For Workshops that Include Lodging, Please Check Off One of the Following:

I am planning on sharing a room with (if known) _____

Please assign me a roommate (A single supplement will apply if no roommate is available)

I would prefer to have a single room, if/when available, and I will pay the extra cost for a single room.



ADDITIONAL INFORMATION

Please provide us with any pertinent information regarding limits on your physical condition, health considerations, etc. .

Acknowledgement:

I understand that NaturePhotoTours.com and its parent company has no liability for my personal medical care or expenses, and that I have no physical or other limiting factors that could possibly create a hazardous situation for myself or other Workshop participants. That I read and fully understand the Terms and Conditions posted on the NaturePhotoTours.com website, especially as pertains to the Cancellation Policy, Medical Assistance, Baggage Loss, the recommendation for me to obtain Trip Insurance, the possibility of a change in Workshop Leaders, the possibility of changes in Workshop prices, and NaturePhotoTours.com and its parent company reserving the right to make whatever changes deemed necessary, for whatever reason, to the Workshop itinerary, accommodations (when offered), Workshop Leaders, etc..

My Signature indicates my desire to Register for the Workshop indicated, and further indicates that I understand and accept the Terms and Conditions posted on the NaturePhotoTours.com website and I am aware that I will have to sign a Liability and Release Form before attending the Workshop.

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____

***** For First Time Participants in Our Workshops, We Would Greatly Appreciate You Taking a Moment to Indicate Where/How You Heard About Us (Specific Magazine, Specific Website, Specific Search Engine, etc.)

PLEASE Sign, Date, and return with your deposit or full payment, to:

Nature Photo Tours
280
595 New Loudon Rd.
Latham, NY 12110

*****Any questions, please feel free to call us at 518-225-9830