

OSPREY Photo Workshops & Tours Registration Form

Personal Information

(* indicates required information)

* Your Name _____
* Street Address _____
* City _____
* State or Province _____
* Zip _____
Country _____
* Telephone (Home) _____
Telephone (Work) _____
* E-mail Address _____

Workshop Information

Title of Workshop _____
Date of Tour (month & year) _____

Room Type (if applicable)

___ Single ___ I agree to pay the single supplement fee.
___ Double If you have a preferred roommate, please list their name here _____

Deposits required:

(A tour is greater than 2 days. A workshop is a single day or weekend.)

- Tour deposit is 25% of tour cost.
- Workshop deposit is 50% of workshop cost.

Payment Information

To reserve your spot, please pay via check through the mail or pay via charge card over the phone:

Check. Amount enclosed: _____
Mailing Address: 542 C Riviera Dr.
 Joppa, MD 21085
Phone: (410) 679-2873