



Receipt #:

Registration form for Film making Workshop in September 2017

Fill in the form in CAPITAL LETTERS.

PROFILE	
1. Sex	<input type="checkbox"/> F <input type="checkbox"/> M
2. First name	
3. Surname	
4. Date of birth (dd/mm/yyyy)	
5. Address	
6. Phone number	
7. Email address	

For this second edition of the workshop, bring in your friends/colleagues and avail group discounts.

REGISTRATION for		
NUMBER OF APPLICANT(S)	FEES PER APPLICANT* (INR)	TICK
1	5000	
2	4500	
3 and more	4000	

***Inclusive of GST**

If you come in group, please mention below the names of other members of your group.

GROUP	
1	
2	
3	
4	
5	

I acknowledge that I have read the terms and conditions of this workshop and that I will abide by the same

I choose to pay : in cash by cheque

Date :

Signature:

For more information, contact:

Mr. Ronald SHAH
Assistant to the director in charge of reception
culture.kolkata@afindia.org
+9133 4006 4801

Alliance Française du Bengale

Park Mansions, Gate 3
57A Park Street
Kolkata 700016