

LOUISE MICHAUD  
PHOTOGRAPHER

REGISTRATION FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Title/Date of  
Workshop: \_\_\_\_\_

In signing below, you authorize LMP to charge a non-refundable deposit of \$250, or the full price of your workshop (whichever is less) to hold your place in the workshop indicated above. Unless otherwise specified, the credit card listed below will be charged the remaining balance of your chosen workshop 7 days prior to the first day of your workshop.

PAYMENT INFORMATION

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card #: \_\_\_\_\_ CVV # (3 or 4 digits) \_\_\_\_\_

Signature: \_\_\_\_\_

VISA ( )      MASTERCARD ( )

Confirmation E-mail Address: \_\_\_\_\_

LMP will email this address upon receipt of your deposit.

Please attach this form in an email or send via U.S. Mail to below address. THANK YOU.

Louise Michaud Photographer  
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