

# Learn PHOTOSHOP Workshop

**MAIL THIS FORM AND YOUR CHECK TO:**

Learn Photoshop Workshop  
11757 Katy Freeway Suite 1300  
Houston, Texas 77079  
Phone: 832-242-5050

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Evening Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

How did you hear about our workshop? \_\_\_\_\_

Is your employer sending you to this Workshop? Yes\_\_ No\_\_

How will you be using Photoshop when you complete the workshop? \_\_\_\_\_

Workshop Start date: \_\_\_\_\_

Please indicate payment type below

\_\_\_ Check \_\_\_ Money Order

I have read the terms which are applicable to the workshop concerning payment and cancelations and agree to the terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Basic
- Advanced
- Elements
- Other: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_  
(Must be received 7 days prior to workshop start date)