



Holography Class Registration Form

For Class/Workshop Number:

Scheduled Class Date(s) & Times:

Date:

Registrant Name:

Address:

Phone #:

Email:

Course Fee:

Paid: Credit Card Check Cash

Credit Card: Visa MasterCard Discover

Card Number:

Expiration Date:

Check Number:

How did you hear about our classes?

List any previous holography or photography, art, or science experience.

Briefly state what you wish to achieve by completing this course.

No Refunds for cancellations prior to 1 week before course date(s). Credit will be issued for future course registration.

We reserve the right to cancel class due to not meeting minimum student enrollment. Registration fees will go towards next class scheduled or full refund will be issued.

Please wear comfortable casual attire. All materials included. Transportation, accommodations, and meals will be at the Registrant's expense. Please call for travel directions.

We look forward to seeing you!

I hereby state that I have been made aware by FDH of the use of Class IIIb and IV laser products in the studios of FDH and furthermore agree to abide by all safety procedures, rules, and regulations at all times while in the studios of FDH. I affirm that I am not currently diagnosed with epilepsy and any other seizure related disorder. I waive and absolve FDH of any claims (present or future) while working or being on the premises of FDH including inconsequential.

Signature:

Date:

Please complete & fax or mail back registration form to us at:

**Forth Dimension Holographics
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