



A Photographic Retreat

New England Institute of Professional Photography
2018 Registration Form

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Mail to: PO Box 568
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April 8 - 12, 2018

Referred by: _____

Name _____
First Middle Last

Home Address _____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Cell Phone _____

Studio Name _____ Owner Employee

Studio Address _____

City _____ State _____ Zip Code _____ Country _____

Business Phone _____

Email _____

We MUST have your PPA number on this form in order for you to receive your merits.

PPA# _____ PPA Degree _____

Course Choice	
#1	_____
#2	_____
#3	_____

Payment Information

Scholarship Info	
Amount \$	_____
From	_____
Contact Person	_____
Add'l Scholarships \$	_____
From	_____
Contact	_____

Total Course Fee \$	_____
Deposit (\$300 min)	_____
Balance \$	_____
Balance due by Feb 15	
<input type="checkbox"/> EZ Pay Plan	
Charge my card \$100 per month starting May 15 .	

Check # _____ or	
Credit Card (Visa / MC / Discover)	
Card # _____	XXXX-XXXX-XXXX-
Exp _____	CCV Code _____
Billing Zip	_____
Signature	_____