

NEWSPACE CENTER FOR PHOTOGRAPHY

A NONPROFIT DEDICATED TO PROMOTING PHOTOGRAPHIC EDUCATION AND APPRECIATION

MAIL the completed form with your payment to:

Newspace Center for Photography
c/o Classes & Workshops
1632 se 10th ave.
Portland, OR 97214

(please print clearly)

Name _____

Address _____

City State Zip _____

Phone () _____ Email _____

Please Sign me up for:

Class & Section #(if applicable)	Cost
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+ \$10 Registration Fee

Checks payable to: Newspace

Total: _____

OR

VISA MasterCard

Card # _____

Expiration Date ____/____ 3 digit code on back of card _____

Signature _____

Please review all registration and cancellation policies in our catalog or online.