

**STUDIO WORKSHOP REGISTRATION**

Today's Date: \_\_\_\_\_

Date of birth (required if less than 18): \_\_\_\_\_

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

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

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

LIST ANY VIDEO OR AUDIO EXPERIENCE (none is required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST (check each):**

PRODUCER: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_

AUDIO: \_\_\_\_\_

CAMERA: \_\_\_\_\_

EDITING: \_\_\_\_\_

ON CAMERA TALENT: \_\_\_\_\_

REMOTE SHOTS: \_\_\_\_\_

CHARACTER GENERATOR: \_\_\_\_\_

LIST ANY OTHER AREAS OF INTEREST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYS/HOURS YOU WOULD BE AVAILABLE FOR WORKSHOP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHERE DID YOU LEARN ABOUT OUR WORKSHOPS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send to: Studio Program Director  
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