



Workshop Sign-up Form

Date _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Workshop dates are subject to change due to unforeseen circumstances. Client will be given proper notification. If you have secured a video slot you will receive a copy of your taping. Taping will be done using multi cameras and edited on the fly. You will receive a DVD of your taping. Introductions and music can be added at additional costs in post production. A representative from the video production firm will be available at the workshop to discuss any post production work. It is the clients responsibility to submit a 30-word bio and photo to be used in a flyer about the workshop. Failure to submit this information in a timely manner may result in omission from the flyer. Please contact your representative for any questions. Monies are non - refundable due to any cancellation by client or this organization. Monies are transferable to future workshops/video tapings with 30 days notice. This agreement will be governed in accordance with the laws of the State of Tennessee. Exclusive jurisdiction will be in Sevier County, Tennessee.

Date that you would like to attend: (Limited space available)

- May 20-21, 2011**
- August 26 -27, 2011**
- November 4-5, 2011**

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|--|-----------------|-----------------|
| <input type="checkbox"/> Materials (MEMBER) | \$45.00 | \$ _____ |
| <input type="checkbox"/> Materials (NON-MEMBER) | \$125.00 | \$ _____ |
| <input type="checkbox"/> Friday Lunch | \$20.00 | \$ _____ |
| <input type="checkbox"/> Saturday Lunch | \$20.00 | \$ _____ |
| <input type="checkbox"/> 10 minute video | \$200.00 | \$ _____ |
| <input type="checkbox"/> 45 minute video | \$495.00 | \$ _____ |

I understand that ISN Works will charge the credit card below. TOTAL \$ _____

(PLEASE NOTE CHARGES WILL APPEAR AS INNOVATORS GROUP, INC. ON YOUR STATEMENT)

Credit Card # _____

Security Code _____ Expiration Date _____

Bill address for credit card if different than above _____

Signature _____

Please return Form via fax to 865-429-4523 or scan and email to info@isnworks.com