



Clinic Enrollment Form

Special Kids Photography of America

Increasing the "Face Value" of Special Children

Name _____	Date _____
Studio _____	Phone _____
Address _____	Cell _____
City _____ State _____ Zip _____	Fax _____
Email _____	Website _____

Why do you want to attend the SKPA accreditation training?

How do you plan to use this knowledge in your business activities?

Enclosed

- Complete SKPA Accreditation Package \$199 _____
- Early SKPA Full-day clinic enrollment \$99 _____
- Clinic enrollment (After close-off date) \$125 _____
- SKPA Accreditation test fee \$50 _____
- Photographing Children with Special Needs* \$27 _____
- SKPA Accreditation Clinic Study Guide* \$20 _____

Date of clinic you want

Date _____

Location _____

(Check the latest event schedule on our website:
www.specialkidsphotography.com)

The book and study guide will be sent ahead so you will have opportunity to study prior to workshop.

Send payment to:

Special Kids Photography of America
700 N. Main (I-8)
Washington, UT 84780

Contact information:

435 632-8300
info@specialkidsphotography.com

ADDRESS LABEL

Send confirmation and/or book to:

Official Use Only

- SKPA package \$199 _____
- Reg. enrollment \$99 _____
- Special _____
- SKPA test \$50 _____
- PCSN Book _____
- Study Guide _____