

2027 ENROLMENT FORM

Name: _____

Address: _____

Phone/s: _____

Email: _____

Date	Course	Full (\$)	Con (\$)
7 - 10 Jan	Cinematography -Make a film (4 days)	☐ 1595	☐ 1575

International monies transfer fee (if applicable)	☐ 35	☐ 35
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TOTAL AMOUNT PAYABLE

Concession Number	type	Total: _____
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How did you hear about the course:

- | | | | |
|---|--------------------------------------|---|-----------------------------------|
| ☐ Internet Search | ☐ Recommended | ☐ ATOM | ☐ Film Vic |
| ☐ Screen Australia | ☐ Leaflet | ☐ Melbourne University | |
| ☐ Other _____ | | | |

**Please notify us by email to: summerfilmschool@me.com
or text 0402 359 047 when you make payment.**

Payment to: Kismet Film Productions, Commonwealth Bank of Australia, in AU\$
(BSB) 06 3299 (account number) 1000 7635

I have read and accept the refund conditions: _____

Please email enrolment form (this page) only to: summerfilmschool@me.com

Kismet Film Productions, ABN: 13 091 875 348

Office: 605 Rathdowne St., North Carlton, Vic 3054 **Australia**

Tel: +61 3 9347 5035 **Mobile:** 0402 359 047 **Email:** summerfilmschool@me.com