



Film Fiji Academy Registration Form

Course Name: _____

Name: _____

Address:

Organisation: _____

Position: _____

Phone: _____ Email: _____

Attending at: Suva / Lautoka (tick one please)

Exemption from Liability

Please sign below if you agree that Film Fiji will not be responsible or liable for any injuries that may be sustained during this workshop.

Participant's Signature: _____

Emergency Contact Number: _____

For Official Use only

Amount Received: _____ Receipt #: _____

Received By: _____ Date: _____