

## Salon Form

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

Salon Chairman: \_\_\_\_\_

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

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

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

Country: Republic of Singapore

E-mail: \_\_\_\_\_

Category: (Pls delete) Open Pictorial / Nature / Photo-Travel / Photo-Journalism / Digital

Medium: (Pls delete) Colour Slide / Colour Print / Mono Print

Fee enclosed: \_\_\_\_\_

Title:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Report Card Return Your Address	Print / Slide Return Your Address
Catalogue Return Your Address	Next Year Entry Form Your Address