

**UGANDA FILM FESTIVAL 2018**

**WORKSHOP/TRAINING REGISTRATION FORM**

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| Name of Applicant |  |
| Designation/Department (Tick relevant) | Producing | Directing | Acting | Cinematography | Sound  | Others |
| Training/Workshop Areas (Tick relevant) | ACTING CLASS | FILM FOUNDATION CLASS (BEGINNERS) | SOUND DESIGN (MASTERCLASS) |
| Previous Projects you have worked on |  |
|  |
|  |
| Workshop/Training you wish to attend |  |
| Current Company /Institution |  |
| Website (If available) |  |
| Company/Institution Contacts (Email and Phone) |  |
| **PERSONAL CONTACT DETAILS** |
| Address |  |
| Telephone |  |
| Email |  |
| Recommender/Referee’s Name |  |
|  |  |

**PLEASE NOTE**: Slots available in each workshop are limited.Register early to avoid dissappointment.You can only register for one training /workshop opportunity.