

**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 |  | | | | | | |
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|  | | | | | | |
| 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.