



PRE-RETREAT QUESTIONNAIRE

(Please complete questionnaire so we can tailor this workshop to best meet your needs)

YOUR NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAKE & MODEL OF:

CAMERA #1 _____

CAMERA #2 _____

2. MY LONGEST LENS IS A: MAKE _____ & SIZE _____ MM

3. OTHER LENSES I PLAN TO BRING:

_____ MAKE _____ MM, _____ MAKE _____ MM, _____ MAKE _____ MM.

4. I HAVE/USE A TRIPOD: YES _____ BRAND _____

I HAVE/USE A BALL HEAD _____ I HAVE/USE A WHIMBERLY MOUNT _____

I USE THE FOLLOWING FILTERS: _____

5. I CLASSIFY MY EXPERIENCE AS A: BEGINNER _____ INTERMEDIATE _____

ADVANCED AMATEUR _____ PROFESSIONAL _____

6. NUMBER YOUR AREAS OF PHOTOGRAPHIC INTEREST 1-6:

(1 being your top area of interest and 6 being your least)

LANDSCAPES _____ FLOWERS _____ WILDLIFE _____ PEOPLE _____

ARCHITECTURE _____ OTHER _____ (SPECIFY)

8. I HAVE ATTENDED THE FOLLOWING CLASSES/WORKSHOPS:

(GIVE APPROXIMATE TITLE & SPONSOR)

_____ YEAR

_____ YEAR

_____ YEAR

9. I HEARD ABOUT THIS CLASS/WORKSHOP THROUGH:

INTERNET _____ FRIENDS _____ BROCHURE _____ MAILING LIST _____

PRESENTATION _____ MAGAZINE _____

OTHER SOURCE _____

10. I BELONG TO THE FOLLOWING:

PHOTO CLUBS: _____

PROFESSIONAL SOCIETIES: _____

11. I SUBSCRIBE TO THE FOLLOWING PHOTOGRAPHIC MAGAZINES:

12. TOPICS I WOULD LIKE TO DISCUSS DURING THE WORKSHOP:

13. MY GOAL/EXPECTATIONS IN ATTENDING THIS WORKSHOP IS: _____

14. WHAT DO YOU ASPIRE TO DO WITH YOUR PHOTOGRAPHY:

14. I USE A MAC: _____ or PC: _____

15. I USE THE FOLLOWING EDITING PROGRAMS:
