

PERSONAL INFORMATION

EPIC Membership # _____

 Mr. Mrs. Ms. Dr. Rev.

First: _____ Middle: _____ Last: _____

Suffix: _____ Title: _____

Company: _____

CONTACT INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary E-mail (must submit to complete registration): _____

Secondary E-mail: _____

Website Address: _____

Primary Phone: _____ Secondary Phone: _____ Fax: _____

 Check here if you do not wish to have your contact information listed online**DEMOGRAPHICS** Male Female Birth Year: _____

Number of years in Photography: _____ Number of years in Forensic Photography: _____

Education: _____ Degrees/Certificates: _____

Area of Expertise: Law Enforcement Civil Evidence Both**SPECIALTIES** (Please check all that apply to the type of work that you do)

- | | | |
|--|--|---|
| <input type="checkbox"/> AC Accident Reconstruction | <input type="checkbox"/> IR Infrared & UV | <input type="checkbox"/> QD Questioned Documents |
| <input type="checkbox"/> AE Aerial | <input type="checkbox"/> LA Latent Prints | <input type="checkbox"/> RA Radiography |
| <input type="checkbox"/> BA Ballistics | <input type="checkbox"/> MI Microphotography | <input type="checkbox"/> SD Student |
| <input type="checkbox"/> BI Biological & Medical | <input type="checkbox"/> MO Micro Picture | <input type="checkbox"/> SV Surveillance |
| <input type="checkbox"/> CR Crime Scene | <input type="checkbox"/> PE Physical Evidence | <input type="checkbox"/> TI Time Lapse, High Speed |
| <input type="checkbox"/> FB Forensic Lab | <input type="checkbox"/> PM Photomacrography & Photomicrography | <input type="checkbox"/> UW Underwater |
| <input type="checkbox"/> FI Fire Investigation | <input type="checkbox"/> PH Photogrammetry | <input type="checkbox"/> VI Videotape |
| <input type="checkbox"/> GE General | <input type="checkbox"/> PR Industrial & Product Liability | <input type="checkbox"/> XX Other _____ |
| <input type="checkbox"/> IN Injuries | | |

GO & JOIN MEMBERSHIP: EPIC SCHOOL @ IMAGING USA

- \$125 PHOTOGRAPHY BASICS CLASS 2009** (JANUARY 10, 2009)
- \$595 EPIC SCHOOL 2009 REGISTRATION FOR NON-MEMBERS - INCLUDES AN ANNUAL EPIC MEMBERSHIP** (JANUARY 11-13, 2009)
- \$446 EPIC SCHOOL REGISTRATION FOR CURRENT EPIC MEMBERS** (JANUARY 11-13, 2009)

PAYMENT INFORMATION (Pre-register by December 12, 2008 to receive your attendee package by mail)

- CHECK Account # _____
- VISA Name that appears on card: _____
- MASTERCARD Exp. Date (MM/YY): _____
- AMERICAN EXPRESS Cardholder's Signature: _____

Return this application with payment to: EPIC
229 Peachtree Street NE
Suite 2200
Atlanta, GA 30303

Customer Service: 866-868-EPIC (3742)
Fax: 404-614-6400