**Blackmagicdesign Revolutionary Workshop**

**Registration form**

**City: ­­­­­­­………………. workshop date ……….**

**your Name: ……………**

**Company Name: ………………………………………………….**

**official Address (with Pin-Code): …………………………………………………………….**

**……………………………………………………….. *(Freelancers can fill their residential address)***

**E-mail Address: ………………………………………….**

**Mobile no/Direct Landline no: ……………………………………….**

**Are you interested in Blackmagic Design products? If yes, please name the product.**

**………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………….**

***(Our respective branch will address your query)***

**YOU BELONG TO WHICH INDUSTRY: Please reply with Yes/No**

1. **Production House**
2. **TV Station/Broadcast**
3. **Cable TV Operators**
4. **Radio Channels**
5. **Live Events/ Event Management Company**
6. **Wedding/Photography**
7. **Cinematographers**
8. **Media Schools/Institutions**
9. **If not listed above, please specify ……………..**

**Please fill the above fields and send the form to** **bmd@adityagroup.com** **in order to reserve your seat at Blackmagic Design Workshop.**