For Office Use: Submission Number



## FILM, VIDEO AND MULTIMEDIA

## **BOOKING FORM**

FOR OFFICE USE ONLY  Received Date: Booking Confirmation Date:					
All fields are mandatory. Please Complete in <b>BLOCK CAPITALS</b>					
1. PERSONAL DETAILS					
Membership Number	(If applicable)	Date of Birth	1	1	dd   mm   yy
Title <sup>(optional)</sup> First Name(s)	Surname				
2. CONTACT INFORMATION					
Address		City			
		County			
Country		Postcode			
Contact Number	Email				
3. ASSESSMENT DATE Click here for available assessment dates.					
Preferred Assessment Date       dd   mm   yy					
4. SUBMISSION FORMAT					
FILM / VIDEO	MULTIMEDIA				
5. SUBMISSION LEVEL Please indicate which Level you intend to submit (One only)					
LICENTIATE	ASS	OCIATE		FE	LLOWSHIP
6. TERMS & CONDITIONS you must sign the following in order for your booking to be processed.					
✓ I have read and agree with the the RPS Privacy Policy (www.rps.org/privacy-policy)					
✓ I have read and agree to abide by the Distinctions Terms & Conditions (www.rps.org/distinctions-terms-conditions)					
Applicant Signature		Da	ate	I	I

On receipt of this Booking Form, a confirmation email will be sent to the email address stated above. You will find the Submission Details Form attached to the confirmation email, which must be completed and returned with your submission.

7. APPLICATION FEE [All prices valid until 31/12/2024]

**Standard Fee** 

Licentiate Associate Fellowship

£85.00 £120.00 £170.00

Concession Full Time Student | 25 & Under | Disabled (Please include proof of status with this form)

Licentiate Associate Fellowship

£42.50 £60.00 £85.00

TOTAL £

**8. PAYMENT METHOD** 

CHEQUE Please make cheques payable to The Royal Photographic Society

PAYPAL Please pay distinctions@rps.org. In the message box please type your name then LRPS followed by your assessment date.

E.g. Jo Bloggs LRPS DD/MM/YY

CARD Visa | Mastercard | Maestro

Expiry Date (MMYY)

Overseas applicants are requested to make payment in sterling

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