



fotomentours

**OFFICE**

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**SUSAN ROSNER**

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**WEB**

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**Fotomentours Photographer Profile**

**Name**

**Date of Birth**

**Address**

**Phone**

**Home**

**Cell**

**Email**

**Profession**

**Medical conditions which may effect walking or your ability to carry your photo equipment**

**Person(s) to contact in an emergency & phone number**

**Camera Manufacturer & Model**

**Lenses & Filters**

**Monopod or Tripod**

**Favorite subjects to photograph**

**Skill Level**

**Beginner**

**Intermediate**

**Advanced**

**Comments**

**Please print out this form and mail it in with your registration form and checks to [Susan Rosner, fotomentours](mailto:susanrosner@gmail.com)  
9000 Crow Canyon Road #309, Danville, CA 94506**