

Photographer First Name:

Photographer Last Name:

E-mail:

Phone:

Address Line 1:

City:

State

Postal Code

Photo Club

Honours

Payment **USD**

EUR

Amount

TO BE FILLED OUT BY ENTRANT

Please, legibly write the names of your photos

A: OPEN COLOR

A1

A2

A3

A4

B: OPEN MONCHROME

B1

B2

B3

B4

C: NATURE

C1

C2

C3

C4



1st International Salon of Photography

DIGI SPECTRUM 2017 - Macedonia

D: CHILD, MAN & WOMAN

D1

D2

D3

D4