

FILM SCHOOL

THE NEW ZEALAND FILM AND TELEVISION SCHOOL

Enquiry form

Please fill in the following details and state your message clearly. We will endeavour to answer your enquiries as soon as possible.

01 Name:	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss (please select)		
First Names:			Surname:
02 Contact details:			
E-mail:			
Daytime Phone:		Evening Phone:	
Number & Street:		Suburb:	
City:		Country:	
03 Intake interested:			
<input type="checkbox"/> July 08 <input type="checkbox"/> Feb 09 <input type="checkbox"/> July 09 <input type="checkbox"/> Feb 10 <input type="checkbox"/> July 10			
04 Citizenship/Residency:			
<input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> Australian Citizen			
Other (please state):			
05 Message:			

06 Submit

When you hit 'submit' your mailclient will open a new message with this form attached. You will need to have a live internet connection to send it.

submit