Department of Information Science & Technology
Anna University, Chennai - 25

Workshop on
Exploration of Multimedia Authoring
24th & 25th August 2012

Day 1 | Web Technologies
- Web Technology & its Applications
- HTML 5
- CSS 3
- jQuery
- Developing Demo & Help movies
- Develop compelling website with latest technologies
- Best Practices & Professional approaches

Day 2 | CMS & Photoshop
- Working with WAMP / LAMP Environment
- Installation of WAMP
  (includes Apache Server, MySQL and PHP)
- Multimedia Project Management
- Installation of Wordpress CMS and coding
- Installation of Plugins & Code Modification
- Web2.0 integration of social networking
- Create a new website design using Photoshop
- Applying Spl. effects using Photoshop

The students from affiliated colleges of Anna University can participate in this workshop. Interested students shall send their filled registration form and the Demand Draft in favour of "The Director(CPDE)" payable at Chennai to the coordinator. Participation Certificate will be provided. Accommodation should be arranged by the participants only.

Last Date for Registration: 22nd August 2012

Venue: Sivalingam Hall (CPDE)
Registration Fee: ₹500

Coordinators
M.Deivamani | D.Narashiman

Contact:
The Coordinator
Workshop on "Exploration of Multimedia Authoring"
Department of Information Science & Technology
Anna University, Guindy, Chennai - 25.
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e-mail: m.deivamani@gmail.com
Name: ____________________________________________________________

Department: ______________________________________________________

Name and Address of the College:
_______________________________________________________________
________________________________________________________________
________________________________________________________________

E-mail: __________________________________________________________

Mobile Number: _________________________________________________

DD Particulars: DD No______________ Date: ______________ Amount: ₹500/-

Signature of the applicant

Forwarded by the Head of the Institution / Dept. that Mr./Ms.______________ is a student of our institution and He/She is permitted to attend the program.

Date: __________________________________________________________

Signature of the
Head of the Institution / Department