

**“BUILD YOUR OWN CLASS”  
REGISTRATION FORM***\*All Information on this form is required to ensure correct registration***REGISTRATION INFORMATION**

Preferred Class Date(s):

Class Topic:

Full Name:

Company:

Street Address:

City:

State:

Zip:

Phone:

Fax::

E-mail Address:

**HOW DID YOU HEAR ABOUT PREGEL AMERICA?**

Vendor (Which One):

Word of Mouth (From Whom):

Shows &amp; Events (Which One):

Advertisement:

Internet (Site/Search Engine):

Other:

**ADDITIONAL INFORMATION**Are you already a PreGel customer? YES  NO Have you ever attended a PreGel class? YES  NO  If Yes, when?Is your company currently open? YES  NO 

If No, when are you planning on opening? (Please check boxes below which apply)

January – March  2012 April - June  2013 July – September  2014 October – November Do you have a location? YES  NO What products are you currently producing? Gelato  Ice Cream  Frozen Yogurt  Other Soft Serve Frozen Desserts  Pastries  Candy  None 

Other:

What company's products have you used in the past?

What previous experience do you have?

Would you like to receive information on tools and equipment used in this class? YES  NO **PAYMENT INFORMATION**

The total cost of your private class is based on the number of attendees and the length of the class:

\$250 per person, per day\*

Please note that registration cannot be confirmed until payment is received

\*The class cost includes a \$50 non-refundable Administration fee. The class cost (excluding the \$50 Admin. fee) will be credited toward a future purchase of PreGel product.

Credit Card Type:

Credit Card Number:

Expiration Date:

CID/CARD CODE:

Name on Card (if Different from Registrant's Name):

Billing Address (if Different than Above):

City:

State:

Zip:

Total Amount to be Paid: