PROFESSIONAL TRAINING SCHOOL
"Build Your Own Class"

REGISTRATION INFORMATION

Full Name:		
Company:		
Address:		
City:	**State:**	**Zip:**
Phone:	**E-mail Address:**	
Preferred Class Day(s):		
Are you already a PreGel customer?	**YES** ☐ **NO** ☐	
Have you ever attended a PreGel class?	**YES** ☐ **NO** ☐	**When?**
Do you have a business plan?	**YES** ☐ **NO** ☐	
Do you have a location?	**YES** ☐ **NO** ☐	**When are you planning on opening?**
Do you have equipment?	**YES** ☐ **NO** ☐	**What equipment?**
Please indicate class topic:	**Gelato/Sorbetto** ☐ **Soft Serve/ Frozen Yogurt** ☐ **Frozen Desserts** ☐ **Pastry** ☐	
	Chocolate Decor ☐ **Chocolate Candy** ☐ **Sugar Art** ☐ **Other:** _____	
What previous experience do you have?		

LIST OF ATTENDEES

Full Name:	**Full Name:**
Full Name:	**Full Name:**

PAYMENT INFORMATION

The total cost of your private class is based on the number of attendees and 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: __ __/__ __
Total Cost:

COMMENTS