



**STRATFORD  
CHEFS  
SCHOOL**

**Stratford Chefs School Continuing Education 2010**

**Course: Pastry Course with Chef Jakob Mielcke**

Registrant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

*\*\*\* Please be advised that confirmation and correspondence will be sent via e-mail.*

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Title: \_\_\_\_\_

Restaurant: \_\_\_\_\_

**Please enroll me for:**

Session One (March 1-3, 2010) - \$750 \_\_\_\_\_

Session Two (March 4-5, 2010) - \$500 \_\_\_\_\_

Both Sessions (March 1-5, 2010) - \$1200 \_\_\_\_\_

**TOTAL (please include 5% GST):** \_\_\_\_\_

**Method of payment:**

Cheque enclosed (made payable to the Stratford Chefs School) –

68 Nile St, Stratford ON, N5A 4C5

Credit card

Mastercard  Visa  American Express

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. \_\_/\_\_/\_\_

The Stratford Chefs School reserves the right to cancel the course if we do not receive sufficient enrollment. You will be contacted by February 15<sup>th</sup>, 2010 in the event that the course is cancelled.

Signature of registrant: \_\_\_\_\_ Date: \_\_\_\_\_