

Public Class Registration Form

Name _____

Address _____

City & State _____ Zip Code _____

Country _____

Email _____

Day Phone (_____) _____ Eve Phone (_____) _____

Would you like to be added to our mailing list? yes no

Class #	Class Name	Class Date(s)	Fee
		Total	
		Amount Enclosed	
		Balance Due	

Payment Information (please check one)

Check Money Order Visa MC Amex

Credit Card # _____ exp. date _____

CVV2 code (a security number located on the back of your credit card by your signature--last 3 digits only) _____

Signature (required): _____

Mail payment to:

Natural Gourmet Institute for Food & Health
 48 W. 21st Street, 2nd floor
 New York, NY 10010
 Attn: Registrar

