

Date of Workshop: _____

Office Use Only:

Total Due: \$ _____
Deposit: - _____ --> _____
Balance: \$ _____ --> _____

Freezer Pleasers Workshop Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Would you like to receive our quarterly newsletters and updates?

E-mail (required in order to receive newsletters and Early Bird Special):

Does any member of your family have any special dietary needs? Please list any below.

How did you hear about us?

Along with this registration form, a deposit of \$20 is required to hold your spot (total cost of workshop is \$30). The remaining balance must be paid on or prior to the day of the workshop. Please make checks out to *Freezer Pleasers*.

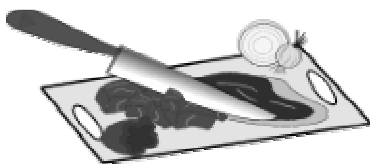
PLEASE SPREAD THE WORD!

We appreciate your help in spreading the word to your friends and colleagues. Bring a friend to the *same workshop* and we'll discount your registration fee by \$5.☺ Just take an extra registration form and fill in your information below to receive credit for your discount. Then have your friend fill in the rest, and they send it in along with their deposit. It's that simple.

Name and phone number of person who recommended this workshop to you:

Please submit registration form and deposit to:

Freezer Pleasers
c/o: Marie Cole
369 Bradfield Dr.
Buda, TX 78610



Live simple. Love often. Cook seldom. Because you care.