



PO BOX 1504 Framingham, MA 01701  
508.397.9048  
Fax: 508.626.7618

## Registration Form

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City/State/Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Preferred Class location: \_\_\_\_\_ Framingham, MA: 82 Herbert Street, Wellington Park, building 2

\_\_\_\_\_ Other : \_\_\_\_\_

\_\_\_\_\_ Other: Your Location: \_\_\_\_\_

Participants' Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I would like to take the exam in:

English     Spanish     Chinese     French Canadian     Japanese     Korean

I would like to order the course book in:

English     Spanish     Chinese     French Canadian     Japanese     Korean

Payment Required with Registration:     Check     Credit Card (Processing fee 3%)     Cash

*Please make the check payable to **Food 4 Thought Consulting** P.O. Box 1504, Framingham, Ma 01701*

Please bill my credit card: \$ \_\_\_\_\_     AMEX     Visa     Mastercard     Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CV2: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Zip code of Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_