



Name as it Appears on the Card

Billing Address of the Card (if different than the address above)

Cardholder's Signature (Required)

For payment via check, please supply us with the check number at the time of the registration to reserve your seat: Check Number _____

Cancellation Policy Acknowledgement:

I have read and understand the cancellation policy as described in the course catalog:

Signature of Attendee

To Complete the Registration:

Please fax your registration form to : (908) 995-1525

Please e-mail your registration form to: register@cakesunlimited.com

Please mail your registration form to:**

Cakes Unlimited, Inc.
260 Milford Warren Glen Road
Milford, NJ 08848

**for regular mail delivery, allow 1-2 weeks for your registration confirmation