



2009 SHORT PROGRAM REGISTRATION FORM

1505 West 2nd Avenue
 Vancouver, BC V6H 3Y4
 Web: www.picachef.com

Tel: 604-734-4488
 Fax: 604-734-4408
 Email: info@picachef.com

FOR OFFICE USE ONLY:
 Total Registration Fee(s) \$ _____
 Paid By (circle) Credit Card/ Cash/ Debit
 Date: _____

I wish to register in the following course(s):

Mark your selections below. You may register for multiple programs using one registration form per person.
 For further details regarding our available short programs please visit our website at www.picachef.com or call 604-734-4488.

PROGRAM INFORMATION (PLEASE SELECT)

Check	Program	2009 Session Dates	Times	Cost*
	Taste & Market Tour (Circle your desired date)	April 17, 24 May 1, 8, 15, 22, 29	10:30AM-3:00PM	\$78.75
	Cook! And the City – Italy	April 24	6:00PM – 10:00PM	\$131.25
	Discovery of Wine – 4 Week Program	April 28, May 5, 12, 19	6:30PM-9:30PM	\$498.75
	Mother's Day Tea Please state child's age: _____	May 9	12:00PM – 2:00PM	\$52.50
	Artisan Bread Class	May 16	9:00AM – 4:00PM	\$204.75
	Knife Skills 101	May 16	11:00 AM – 1:00 PM	\$78.75
	Beer Education – 8 Week Program	May 20, 27, June 3, 10, 17, 24, July 8, 15	6:30 PM – 9:30 PM	\$519.75
	Stocks and Sauces 101	May 23	10:00AM – 2:00PM	\$99.75
	Petits Fours	May 23	10:00AM – 2:00PM	\$131.25
	Pastry 101	May 30	10:00AM – 2:00PM	\$131.25
	Sushi 101	May 30	10:00AM-2:00PM	\$236.25
	Discovery of Wine	June 2, 9, 16, 23	6:30PM – 9:30PM	\$498.75
	Beer Education – 8 Week Program	Sept. 9, 16, 23, 30, Oct. 7, 14, 21, 28	6:30 PM – 9:30 PM	\$519.75

* Program Fees include all equipment and GST and are payable in Canadian funds.

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Surname/Family Name _____ First Name(s) _____
 Street Address _____ City/Town _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Home Telephone _____ Business Telephone _____
 Email Address _____ Mobile/Cellular No. _____
 How did you hear of Pacific Institute of Culinary Arts? _____

Emergency Contact

Name _____ Relationship _____
 Day Telephone _____ Evening Telephone _____
 Email Address _____ Mobile/Cellular No. _____

FEES & PAYMENT

All fees payable in Canadian funds. Payable to **Pacific Institute of Culinary Arts, Inc.**
 Please debit: Visa MasterCard Payment Amount \$ _____
 Card No. _____ Expiry Date _____
 Cardholder Name _____ Signature _____

CONDITIONS & REFUND POLICY (PLEASE SIGN BELOW)

Payment is due at time of registration. Limited seating is available for all classes. In the event that a registrant's choice of program is full, the registrant may request to be put on a wait list. Payments will not be processed until an available seat has been confirmed and the participant notified.

If a participant withdraws 30 days or more prior to course commencement, s/he may transfer to another available class start date or receive a refund. If the participant gives 48 hours notice prior to commencement of the class a **credit** will be issued. Less than 48 hours notice the participant forfeits the total amount paid.

In the event a course is cancelled due to an unmet quorum the registrant may request a refund of the course fees or transfer into another program at a later start date.

Print Name

Signature

Date

Return this form to:

Pacific Institute of Culinary Arts, Admissions Office
1505 West 2nd Avenue Vancouver, BC V6H 3Y4

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