

# JOSUMA

COFFEE COMPANY

Post Office Box 1115, Menlo Park, CA 94026

Tel: 650-366-5453 Fax: 650-366-5464 e-mail: info@josuma.com

Please Register me for the Intensive Espresso Training, Session #: \_\_\_\_\_, Dates: \_\_\_\_\_ to be held in S. San Francisco, CA. **Registration Fee of \$1,495.00 is enclosed, as below.**

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

## Method of Payment:

- Check
- Visa
- Mastercard
- American Express

Make Check Payable to:  
**Josuma Coffee Company**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Credit Card Number

EXPIRATION DATE: \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Billing Address for Credit Card, if different from above

\_\_\_\_\_

Please tell us a little about your business:

1. Nature of your business: (check all applicable)

- Coffee Shop / Coffee Store
- Espresso Bar
- Espresso Cart / Kiosk
- Espresso Drive Thru
- Restaurant / Food Service
- Office Coffee Service
- Other, please specify \_\_\_\_\_

2. Number of Locations: \_\_\_\_\_ 3. How often do you get espresso beans? every \_\_\_\_\_ days

4. Approximately How long in operation: \_\_\_\_\_ months/years

5. How much espresso beans are you using each week? \_\_\_\_\_ lbs/week

6. Do you own, or have access to, a commercial espresso machine? Yes / No (circle one)

7. Are you using any equipment (espresso machine, grinder,...) provided by a roaster? Yes / No (circle one)

8. Do you have an existing commitment to use a particular espresso blend? Yes / No (circle one)

9. What is your role in the business? \_\_\_\_\_

10. How long have you worked in the espresso business?: \_\_\_\_\_