

# Registration form for culinary workshop CUBA SABE. HAVANA 2020

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

Country: \_\_\_\_\_ Identity Document No.: \_\_\_\_\_

Food allergies: \_\_\_\_\_ Language: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Professional: \_\_\_\_\_ Student: \_\_\_\_\_ Amateur: \_\_\_\_\_

Specialty:

\_\_\_\_\_ Cook \_\_\_\_\_ Pastry cook / Baker \_\_\_\_\_ Bartender \_\_\_\_\_ Sommelier \_\_\_\_\_

Your registration has been organized by: \_\_\_\_\_

## PACKAGE SELECTED

PREMIUM: \_\_\_\_\_ DELUXE \_\_\_\_\_ VINTAGE \_\_\_\_\_

Date of arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_ Number of extra nights: \_\_\_\_\_

ARE YOU REGISTERING as an INDIVIDUAL: \_\_\_\_\_ or as part of a GROUP? \_\_\_\_\_

NAME USED TO IDENTIFY THE GROUP: \_\_\_\_\_

GASTRONOMY TOURS?

1- \_\_\_\_\_

2- \_\_\_\_\_

3- \_\_\_\_\_

4- \_\_\_\_\_

ACCEPTED \_\_\_\_\_



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Reg No. 50015977

