



Oman Salon Culinaire 2017 Registration Form

3Tier Wedding
Cake

Tapas

Petit Four

Live Cooking
Mystery Box

Five-Course Gourmet
Dinner Menu

Name of the Hotel/Establishment:

Tag No.

(For official purpose. Please do not type here)

Passport Size Photograph

First Name & Last Name

Designation:

Helper Name & Last Name

Designation:

Telephone (Mobile):

Telephone (Office):

Alternative Contact Person

(Please type in Executive Chef's name)

Telephone (Mobile):

Telephone (Office):

Fax (Office):

Email:

Address:

P.O. Box

P.C.

City:

Interested in Chocolate workshop

(Please Tick)

Y/N

Number of participants for

Chocolate workshop & Training

(Please fill in on a separate sheet the names of your candidates attending the Chocolate workshop for certificate purpose)

Comments:

NOTE

PLEASE USE SEPARATE FORMS FOR EACH ENTRY