



TEENS BAKING WORKSHOP RESERVATION FORM 2019

(Please write in BLOCK letters)

NAME : _____

COMPANY NAME/ADDRESS : _____

AGE : _____ (13 to 19 years of age)

POSITION : _____

TELEPHONE : _____ FAX : _____

MOBILE PHONE : _____

EMAIL ADDRESS : _____

FOOD ALLERGIES/SPECIAL DIET : _____

SPECIAL MEDICAL CONDITIONS : _____

PERSON TO CONTACT IN CASE OF EMERGENCY : _____

SIGNATURE : _____

FAX TO : (632) 254-25-18

REGISTRATION FEE : **Php3,000.00**

PSB/FCBAI BAKERY MEMBERS : **50% DISCOUNT**

FCBAI ALLIED MEMBERS : **50% DISCOUNT**

You may deposit your payment at : **Philippine National Bank**
Account Name : **Philippine Society of Baking, Inc.**
Account Number : **1635-70-0008-71**
Branch : **Rizal Avenue**

Kindly email your deposit slip at philippinesocietyofbaking2005@gmail.com with this registration form or fax to 254-25-18 to secure your slot.

For reservations, please call : **254-25-26 / 871-7487 / 0920-5241838 / 0995-1436040**