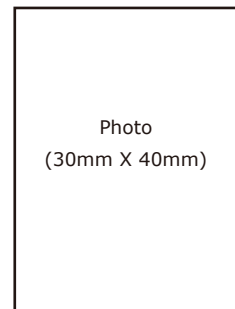


REGISTRATION FORM



Please fill in this form completely.

1. Personal Information

First Name _____	Last Name _____	<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Nationality _____	Date of Birth (dd/mm/yy) _____	Place of Birth _____
(Home address) Street and Number _____	City _____	State _____
Zip Code _____	Country _____	E-mail _____
Home Telephone _____	Cell phone _____	
Occupation _____		
Education _____		
Work Experience _____		
How did you find out about us? _____		

2. Program You are applying *I prefer to attend classes in Italian with English interpreter

<input type="checkbox"/> Basic Cooking	<input type="checkbox"/> Gum Paste	<input type="checkbox"/> Thai Cuisine
<input type="checkbox"/> Advance Cooking	<input type="checkbox"/> Cake Decoration	<input type="checkbox"/> Chinese Cuisine
<input type="checkbox"/> Basic Baking	<input type="checkbox"/> Macrons	<input type="checkbox"/> Asian Cuisine
<input type="checkbox"/> Advance Baking	<input type="checkbox"/> Arabic Cuisine	<input type="checkbox"/> _____
<input type="checkbox"/> Chef Course	<input type="checkbox"/> Turkish Cuisine	<input type="checkbox"/> _____
<input type="checkbox"/> Foundant	<input type="checkbox"/> Italian Cuisine	<input type="checkbox"/> _____

3. Start Date _____ / _____ / _____ (dd/mm/yyyy)

4. Duration

1-3 Days 1 weeks 1 month 2 months 3 months 12 weeks Other (Please specify) _____

Course type: Standard Program
 Intensive Program

5. Enclosing the following documents

Application Form Photocopy of your passport or ID Portfolio (Advanced Students Only)

CABRI PRIVACY POLICY
This information will be used for administrative purposes. I hereby agree to comply with the above regulations and I authorize the use of my personal information by CABRI

I have read and agree to the ACADEMIC POLICIES.

Signature _____ Date _____

----- Bellow this line for office use only -----

Total Fee _____	Paid _____	Balance _____	Admission : <input type="checkbox"/> Granted <input type="checkbox"/> Refused
_____ / _____ / _____ (dd/mm/yyyy)			Signature _____



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