

REGISTRATION FORM

Before booking please check eventual entry requirements and that you ID card/passport is valid until departure date. Please attach a **copy** of your passport or ID card. We also ask you to fill this form with **block letters**.

Thank You!

Name/Date of the Tour _____

Your Invoice Address

Company Name _____

Contact Name _____

Street/No. _____

Post Code and Country _____

VAT Number _____

Phone Number _____

Personal Data of Participants

	First Name	Surname	Date of Birth	Mobile Number	E-Mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I read and understood Terms and Conditions and agree with the conditions specified in the offer.

Date and Authorized Signature

food trend tours ltd.

contact

westendstr. 7b

63322 rödermark · germany

fon +49 6074 7297 662

fax +49 6074 7297 663

andrewfordyce@foodtrendtours.de

Official Company Stamp

company

2 the links · herne bay
kent · CT6 7GQ · united kingdom

Reg. 10820295
VAT 275074493

Your Specific Interests in the Tour

We try our utmost to include your specific interest into the tour!

Name/Date of the Tour

Name of Participant

What Gastronomical Concepts Are You Interested in?

Please mark with a cross (multiple choices possible)

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian Food | <input type="checkbox"/> Pasta & Pizza | <input type="checkbox"/> Trendy Retail |
| <input type="checkbox"/> Casual Dining | <input type="checkbox"/> Sandwich Concepts | <input type="checkbox"/> Trendy Hotels |
| <input type="checkbox"/> Chicken Food | <input type="checkbox"/> Shopping Malls | <input type="checkbox"/> Trendy Restaurants |
| <input type="checkbox"/> Gourmet Burger Food | <input type="checkbox"/> Street Food | |
| <input type="checkbox"/> Indian Food | <input type="checkbox"/> To Go / Retail Concepts | |
| <input type="checkbox"/> Mexican Food | <input type="checkbox"/> To Go Food | |

Other Wishes or Requirements

Allergies / Food Intolerances / Special Physical Challenges (where applicable in case of i.e. asthma, diabetes, epilepsy, heart diseases, regular intake of medication)

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