



**BAROQUE BISTRO
MASTERCLASS BOOKING FORM**

PREFERRED COURSE DATE: _____ **Space is limited so it is first come first served*

SECOND PREFERRED DATE: _____

CONTACT NAME: _____

COMPANY: _____

ADDRESS _____

SUBURB _____

TELEPHONE _____

EMAIL _____

SIGNATURE _____

HOW DID YOU HEAR ABOUT BAROQUE MASTERCLASS _____

ATTENDEES

EMAIL ADDRESS

1

2

3

4

5

6

7

8

9

10

11

12

PLEASE COMPLETE THE FOLLOWING FOR COURSE PAYMENT

CARD HOLDERS NAME _____

CARD NUMBER _____

SIGNATURE _____

EXPIRY DATE _____

CARD TYPE _____

PLEASE RETURN BY FAX ON (02) 9241 4811 OR BY MAIL TO 88 GEORGE STREET, THE ROCKS, SYDNEY, 2000.
ALTERNATIVELY YOU MAY SCAN THIS FORM AND RETURN BY EMAIL TO info@baroquebistro.com.au