

2007 COOKS' TOUR OF CUBA
CANADA-CUBA FARMER TO FARMER PROJECT

Your Name: _____ Phone: _____

Accompanying
Person(s) _____ Fax: _____ email: _____

Departure Airport? _____ Can we also book air for you (very competitive rates!) _____

Mailing _____ Postal
Address: _____ Code: _____

Passport Number _____ Nationality _____

Are you a chef? _____ A restaurateur? _____ A food writer? _____ I Other _____

Name of Restaurant _____ Years of experience? _____

What is it that most interests you in participating in the Cooks' Tour? _____

What aspect of Cuba's food and agriculture sector are you most interested in? _____

Any special background or skills you feel you bring to/contribute to the delegation? _____

Do you have any diet restrictions/medical conditions of which we should be aware? _____

If yes, please explain: _____

Date of Birth (for Ins.) _____ Spouse/
(month, day, year) Self: _____ Partner: _____ Other: _____

PLEASE FAX TO 604.947.2321 SPACE IS LIMITED TO 28 !

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