

Urban Distilleries Master Distiller Workshop

Send all application information to:

Urban Distilleries
 6-325 Bay Ave, Kelowna, BC V1Y 7S3 Canada
 Phone: 778-478-0939 Fax: 778-484-5289
 E-mail: info@urbandistilleries.ca
 Web: www.urbandistilleries.ca

Hours of operation are: Mon-Sat from 11am to 5pm (Pacific Time)

Date of Course*:

*Class size is very important to both maximize your learning experience through interacting with your fellow students while at the same time having all of your questions addressed. To that end, all workshops will only be open to a group size of 5 – 14 participants. In the unlikely event that less than 5 participants are registered with two weeks to go before the scheduled start of a workshop, the workshop will be rescheduled. (If you are one of those registered participants, we will speak with you about having 100% of your fee applied to the next scheduled workshop).

APPLICANT:
 Provide proper **legal names** as this information will be used on all documentation. Incomplete information will delay your registration.

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.		
First Name:	Middle Name:	Last Name:
Home Address:		
City:	State/Province:	Postal/Zip Code:
Country:	Date of Birth (MM/DD/YY)	All applicants to the Urban Distilleries MDW must be at least 19 years of age at start of the course to attend.
Home Phone Number:	Work Phone Number:	Extension:
Mobile Phone Number:	Fax Number:	
E-Mail to be used during the course session:	First Name to be used during the course session:	

OPTIONAL: Physical condition that requires equipment or assistance:

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OPTIONAL: ADDITIONAL CONTACT INFORMATION
 In case you cannot be reached during our hours of operation, please provide a secondary contact that may help us in completing your documents:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	
First Name:	Last Name:
Phone Number:	Fax Number:
E-Mail:	

BILLING INFORMATION:

	Do you require the invoice to be issued to another person/entity?	
	<input type="radio"/> No	<input type="radio"/> Yes

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BILL TO ADDRESS IF DIFFERENT FROM APPLICANT:

Please provide a letter of billing approval by the third party. Invoice will be provided.

Company / Name of Sponsor:		
Address:		Suite Number
City:	State/Province:	Postal/Zip Code:
Country:		
Name of manager or authorized person providing the approval:		
Work Phone Number:	Extension:	Fax Number:

DISTILLING BACKGROUND:

Place of work (if related to distilling):	Job title (if related to distilling):
Distilling Experience:	
Home Distilling: <input type="radio"/> No Experience <input type="radio"/> <1 year <input type="radio"/> < 3 years <input type="radio"/> <5 years <input type="radio"/> < 10 years <input type="radio"/> > 10 years	
Commercial Distilling: <input type="radio"/> No Experience <input type="radio"/> <1 year <input type="radio"/> < 3 years <input type="radio"/> <5 years <input type="radio"/> < 10 years <input type="radio"/> > 10 years	
Please describe in detail areas of distilling experience: (If the available area does not provide enough space, please include a separate page and enter "SEE ATTACHMENT" in the field below)	

OPTIONAL: EDUCATIONAL BACKGROUND

University/College:	Curriculum:	Year of completion: