

STEP 1 PERSONAL DATA OF THE CANDIDATE

Mr Mrs Ms *

NAME*

FIRST NAME*

NATIONALITY* AGE*

PLACE OF BIRTH (town and country)

DATE OF BIRTH (day, month, year): / /19.....

COMPLETE POSTAL ADDRESS * (street, number, P.O.Box...)

ZIP Code: Town: Country:

MARITAL STATUS: Single Married Divorced or separate Widow

CONTACT NUMBERS:

TELEPHONE (Country code –town code –telephone number)

Professional Private

FAX (Country code - town code - telefax number)

E-MAIL *



PROFESSION*

SECTOR*

WORK PLACE*

JOB TITLE*

STEP 2 TYPE OF CONTRIBUTION TO BEIRUT CAPITAL OF TASTE

If you would like to become a member of Beirut Capital of Taste, you must commit to respecting Charter's listed Objectives.

You must be willing to conduct yourself as an ambassador of Beirut Capital of Taste and act accordingly, promoting Lebanon around the world as a center for excellence, talent and creativity in the field of human endeavor.

I have read and accepted the Charter of Beirut Capital of Taste

STEP 3 Fill-out this form and email it to ritag@hospitalityservices.com.lb for review and approval

* required fields