



MALT MASTERS

Whisky Masters Programme

Enrolment Form

Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Contact Number:

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Email:

Course attending:

Helpful Information

This information will help us better understand you, where you are on your whisky journey and how we can better tailor our courses.

Please state your level of knowledge:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Complete Beginner | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Whisky Connoisseur | <input type="checkbox"/> Other |

Do you work in the Food and Beverage industry?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Tell us in a few words why you are attending our course:

How did you hear about this course?

- | | | |
|--|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Tasting Event | <input type="checkbox"/> Website | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Other _____ | | |

DATE AND SIGNATURE

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PLEASE RETURN TO: PATRICIA@MALTMASTERSHK.COM