Employer's Evaluation
(Form C)

Please have your employer complete and return this form to:

BEMA
7101 College Blvd., Suite 1505
Overland Park, KS 66210
Phone: 913.338.1300
FAX: 913.338.1327

Name of course, program, seminar or workshop:

_____

Name of Applicant: _____

Name of Employer: _____

How will this course, program, seminar or workshop benefit your company and the baking industry in general?

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Signature _____ **Date Submitted** _____