MONDAY 25TH NOVEMBER 2019



CROWN PERTH

Strictly black tie event – 6:30pm pre function drinks for 7pm start

GALA DINNER BOOKING FORM / TAX INVOICE

CONTACT DETAIL					
Contact Person:					
Address:					
					Postcode:
Email:					
PURCHASE TICK If claiming a members					tax invoice once payment is recei
□ CIA Member	Ticket Qty:	x \$2	.05.00 (inc	GST) per ticket	= TOTAL \$
☐ Non Member Ticket Qty:		x \$2	x \$225.00 (inc GST) per ticket = TOTAL \$		
☐ Group Booking	Group Name:				
(Please specify by writing	•				
No.	FULL NAME	Ē		DIETA	ARY REQUIREMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
(Paying as part of a grou	p? If so please advise	wnich group	you are boo	oking)	
HOW TO RSVP A	ND BOOK TICK	ETS			
Phone: (08) 9227 62	211 E	Email: Hay	rley@dgglo	bal.com.au	
Post: Catering Ins	titute of Australia (V	/A) — GP(O Box E20	3, Perth 6000	
PAYMENT DETAIL	LS (PLEASE PRINT CLE	ARLY)			
☐ Direct Transfer	Account Name: Catering Institute of Australia (WA) ABN: 9456 7095 903				
	Bank: Westpac E			036 000	Account No: 690 851
☐ Credit Card	Card Type:				
Name on Card:					
Credit Card No:				CV No:	Expiry Date:

CONDITIONS