

GALA DINNER BOOKING FORM / TAX INVOICE

Monday 26th October 2015 | Perth Convention & Exhibition Centre BelleVue Ballroom | Strictly black tie event | 6:30pm pre function drinks for 7pm

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CONTACT	LIAILO				
CONTACT PER	RSON				
COMPANY					
ADDRESS					
SUBURBS		STATE	POST CODE		
PHONEN					
EMAIL					
PURCHASE	TICKETS - all prices are inclusive of 10% (bership price, please ensure your member	GST. This form b	pecomes a tax invoice once payment is received.		
CIA MEMBER - AMOUNT OF TICKET		-			
		_x \$215.00(inc gst) pre ticket TOTAL \$			
	OOKING (Please specify by writing in the table bel				
GROUP NAME		ovv, oo triat gao	oto are not double booked of miscody		
No.	o. NAMES		DIETARY REQUIREMENTS		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
□ INDIVIDUA	L BOOKING (Paying as part of a group? If so pl	ease advise whi	ich group you are booking with below)		
HOW TO RS	SVP AND BOOK TICKETS				
PHONE	(08) 9227 1341	POST	Catering Institute of Australia (WA) GPO Box E203 PERTH 6000		
FAX	(08) 9467 2844	EMAIL	info@cateringinstitute.com.au		
PAYMENT D	DETAILS				
DIRECT	ACCOUNT NAME	Catering Institute of Australia (WA) ABN: 94 567 095 903			
TRANSFER	BANK: Westpac Bank	BSB 036 C	000 ACCOUNT#: 69 0851		
	AMOUNT PAID \$ (INC GST)				
	REFERENCE ('GP AWARDS & YOUR NAME')				
CREDIT CARD	CARD TYPE				
	CREDIT CARD NUMBER		CCV no.		
	EXPIRY DATE				
	NAME ON CARD				

CONDITIONS

**Credit card payments: Please note, there will be a 2% credit card surcharge. Visa and MasterCard accepted.

IMPORTANT: Only cancellations received PRIOR to the 25th of September 2015 are entitled to a refund; substitute delegates are welcome. Tickets will not be distributed until full guest lists and full payment are received.

^{*}Please provide dietary requirements at time of booking. If requirements are not provided prior to the event, no guarantee can be given that a meal will be available.