

I wish to attend the Awards dinner in: (please tick appropriate box)

Darling Downs North Qld Gold Coast Far North Qld Brisbane Sunshine Coast

Please forward _____ tickets to:

Name _____

Establishment _____

Postal Address _____

_____ P/Code _____

Phone _____

Email _____

Special Dietary Requirements (including guest name) _____



AWARDS DINNER BOOKING FORM

2009 RESTAURANT & CATERING QUEENSLAND HOSTPLUS AWARDS FOR EXCELLENCE

PAYMENT TYPE Tax Invoice ABN 52 830 089 419

Cheque (attached) Payable to Restaurant & Catering Queensland

Electronic Transfer (remittance attached)

Bank: Commonwealth Bank BSB 064 000 Account 1051 2889

Credit Card Mastercard Visa Diners Amex

Card number

Four groups of four empty boxes for card number:

Expiry

Two groups of two empty boxes for expiry:

Total Amount \$ _____

Cardholders Name _____ Signature _____

MY GUESTS INCLUDE (list all attending guests)

- 1. _____ 6. _____
- 2. _____ 7. _____
- 3. _____ 8. _____
- 4. _____ 9. _____
- 5. _____ 10. _____

FAX completed form to
3252 7554
OR
MAIL completed form
Restaurant & Catering
Queensland
PO Box 101
Royal Brisbane Hospital
QLD 4029

PHONE
1800 655 344
VISIT www.rcgevents.org.au
for more information