



*The International Wine & Food Society of Singapore*

## 2004 NATIONAL DAY DINNER

**Venue** : THE CRESCENT BALLROOM (2<sup>nd</sup> Floor)  
THE FOUR SEASONS HOTEL

**Date** : FRIDAY , 6<sup>TH</sup> AUGUST 2004

**Time** : 7:30 PM – APÉRITIF  
8:00 PM – DINNER

**Dress** : BLACK TIE

Please fax this form to **Fax Number 6455-0880** to make your reservation, **AND** to secure your reservation, please mail your cheque payable to the **IWFS OF SINGAPORE** to :

**WOMEN'S CLINIC OF SINGAPORE**  
Blk 721 Ang Mo Kio Avenue 8  
#01-2813 Singapore 560721

**Reservation will close on Sunday, 1<sup>st</sup> August 2004 and confirmations will be sent by facsimile on Monday, 2<sup>nd</sup> August 2004.**

*Please note that members are responsible for the payment of their guests, and should make payment for their entire party. Refunds for cancellations after the closing date for reservations will be at the discretion of the Society.*

**PLEASE ENSURE THAT YOUR NAME APPEARS ON YOUR CHEQUE.**

I would like to reserve \_\_\_\_\_ place(s) for this function.

**MAIN COURSE**

MEMBER'S NAME : \_\_\_\_\_ S\$180 Veal Cheek / Cod

MEMBER'S NAME : \_\_\_\_\_ S\$180 Veal Cheek / Cod

GUEST'S NAME : \_\_\_\_\_ S\$200 Veal Cheek / Cod

GUEST'S NAME : \_\_\_\_\_ S\$200 Veal Cheek / Cod

*I do not wish to attend this event unless my guest(s) can join me.*

Please confirm my reservation at Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date