



*The International Wine & Food Society of Singapore*

## THE LÉOVILLE ESTATE DINNER

Venue : **AMUSE BOUCHE RESTAURANT**  
One Raffles Link #01-03  
Date : **Saturday, 18<sup>th</sup> Septemeber 2004**  
Time : **7:30 PM – APÉRITIF 8:00 PM – DINNER**  
Dress : **SMART CASUAL**

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 **INTERNATIONAL WINE & FOOD SOCIETY OF SINGAPORE** to :

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

**Reservation will close on Monday, 13<sup>th</sup> September 2004 and confirmations will be sent by facsimile on Tuesday, 14<sup>th</sup> Sep 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.

MEMBER'S NAME : \_\_\_\_\_ S\$160

MEMBER'S NAME : \_\_\_\_\_ S\$160

GUEST'S NAME : \_\_\_\_\_ S\$200

GUEST'S NAME : \_\_\_\_\_ S\$200

- I do not wish to attend this event unless my guest(s) can join me.*  
 *I wish to change the main course to \_\_\_\_\_.*

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

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

\_\_\_\_\_  
Date