



The International Wine & Food Society of Singapore

**THE LA FLEUR DE BOÛARD/
CHÂTEAU ANGELUS DINNER**

Venue : WINDOWS EAST AT 20TH FLOOR
THE FOUR SEASONS HOTEL SINGAPORE

Date : SATURDAY, 20th November 2004

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

Dress : JACKET & 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 **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 Sunday, 14th November 2004 and confirmations will be sent by facsimile on Monday, 15th November 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\$180

MEMBER'S NAME : _____ S\$180

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