



*The International Wine & Food Society of Singapore*

**THE ANGELO GAJA DINNER**

**Venue** : THE STRAITS BALLROOM  
THE FULLERTON HOTEL

**Date** : Friday, 5<sup>TH</sup> November 2004

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

**Dress** : LOUNGE SUIT

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, 31<sup>st</sup> October 2004 and confirmations will be sent by facsimile on Monday, 1<sup>st</sup> 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\$280

MEMBER'S NAME : \_\_\_\_\_ S\$280

GUEST'S NAME : \_\_\_\_\_ S\$300

GUEST'S NAME : \_\_\_\_\_ S\$300

- 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