



The International Wine & Food Society of Singapore

THE AMERICAN RED & WHITE DINNER

Venue : **Just Steak Restaurant**
The Riverwalk
20 Upper Circular Road #01-42

Date : **Friday, 9th July 2004**

Time : **7:30 PM**

Dress : **AMERICAN 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 Sunday, 4th July 2004 and confirmations will be sent by facsimile on Monday, 5th July 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.

Please indicate the choice of the Main Course after your Name:
Lamb, Prime Rib , Sirloin Steak or Salmon (refer to Menu)

			<u>MAIN COURSE</u>
MEMBER'S NAME	:	_____	S\$130 _____
MEMBER'S NAME	:	_____	S\$130 _____
GUEST'S NAME	:	_____	S\$150 _____
GUEST'S NAME	:	_____	S\$150 _____

☐ *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