



The International Wine & Food Society of Singapore

VINTAGE DOM PÉRIGNON LUNCH

Venue : Jiang Nan Chun Restaurant
The Four Seasons Hotel Singapore
Date : Sunday, 27th June 2004
Time : 12:00 noon – The bubbles will flow
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 Sunday, 20th June 2004 and confirmations will be sent by facsimile on Monday, 21st June 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