FOR IMMEDIATE RESERVATION FAX TO SARAH SMART ON 028 90 245915

BOOKING FORM/INVOICE NO: ...../ ENI01109 VAT NO: GB 238 7864 16

CBI NORTHERN IRELAND ANNUAL LUNCH
WEDNESDAY 23 SEPTEMBER 2009
CULLODEN HOTEL, BANGOR ROAD, BELFAST

PLEASE RESERVE ..... PLACE(S) FOR:

Name:..... (please name guests on back of form)
Dr/Mr/Mrs/Miss/Ms

Company:.....

Address: .....

.....

Post Code.....

Telephone: ..... Fax Number: .....

COST PER PERSON: £55.00 + £8.25 VAT = £63.25 (cost includes drinks reception and wine with the meal)

FEE	VAT%	VAT AMOUNT	TOTAL
£	15.00	£	£

DATE (Tax Point) ..... (Please ensure that you complete the date entry; this is required for tax purposes)

My cheque is enclosed/will follow* payable to the CBI/please debit my credit card*

Debit my Visa/Access Card* for £ _____ Card No _____

Security code: _____ Start date _____

Expiry date _____ Signature _____ *delete as applicable

Please return your booking form to:

Mrs Sarah Smart
Regional Administrator
CBI Northern Ireland
Scottish Amicable Building
11 Donegall Square South
Belfast BT1 5JE
Tel: 028 90101100 Fax: 028 90101119

This form will be receipted and returned to you as your VAT Invoice. CBI regrets there can be no refunds should you cancel after 26 August 2009, although substitutions are welcome. If you have not received an acknowledgement before the event, please telephone us to make sure we have received your booking. Special dietary/access requirements can be catered for – please mark your form clearly.

CBI Northern Ireland Annual Lunch
Culloden Hotel
23 September 2009

Please use block capitals

GUESTS (Please include Initial and any honours)

NAME: ..... COMPANY: .....
Dr/Mr/Mrs/Miss/Ms

NAME: ..... COMPANY: .....
Dr/Mr/Mrs/Miss/Ms

NAME: ..... COMPANY: .....
Dr/Mr/Mrs/Miss/Ms

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Dr/Mr/Mrs/Miss/Ms

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Dr/Mr/Mrs/Miss/Ms

NAME: ..... COMPANY: .....
Dr/Mr/Mrs/Miss/Ms

NAME: ..... COMPANY: .....
Dr/Mr/Mrs/Miss/Ms

NAME: ..... COMPANY: .....
Dr/Mr/Mrs/Miss/Ms

DO YOU OR ANY OF YOUR GUESTS HAVE ANY SPECIAL DIETARY OR ACCESS REQUIREMENTS? YES / NO

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