

ROYAL alumni COCKTAIL EVENING

I would like to purchase _____ individual tickets @ \$60 each

Company Name (if relevant) _____

Contact Name _____

Address _____

Suburb _____

State _____ Postcode _____

Phone _____ Mobile _____

Email _____

Please find enclosed my cheque/money order for \$ _____ made out to RBWH Foundation

Please charge \$ _____ (being full payment) to my credit card as per below:

Visa Mastercard Amex

Card number

Expiry / CCV Number

Cardholder name _____

Cardholder signature _____

Please advise us of any special dietary requirements

To complete your booking, print this form and return to RBWH Foundation.

Mail: PO Box 94, Royal Brisbane and Women's Hospital, Q, 4029. Fax: 07 3646 1768.

Email: info@rbwhfoundation.com.au



Tickets can also be purchased at
rbwhfoundation.com.au or call 3646 7588