This is a perfect opportunity to invite your clients and staff to fill a table (or two)

Tables seat a maximum of 10. Individual places will be available on shared tables.

Cost: $185 per person (incl. GST)

Menu and Booking form over page

Included in the cost:

- Arrival Drinks
- Four Course Meal
- Selected Wines, Premium Beers and Soft drinks throughout
- A bit of entertainment

Dress Code: Business Suit / Cocktail Dress

2014’s 10th Anniversary Annual Dinner highlights...
BOOKING FORM

Please complete and either e-mail or fax to: perthevents@sut.org
Fax no. 08 9446 9905
Tel no. 08 9446 9903

Programme

18.30
Arrival Drinks

19.30
Guests seated & Dinner commences

20.00
Welcome by SUT Perth Branch Chairperson

21.30
Live Music

Midnight
Evening End

Menu

Selection of breads

Chicken brodo, chicken and almond tortellini, baby spinach soup (gf)

ALTERNATE DROP:

Slow-cooked Boyup Brook sirloin beef, mustard butter, paprika-spiced sweet potato pave, confit tomatoes, broccollini, pan jus (gf)

or

Braised Linley Valley pork loin, beetroot, apple and ginger puree, honey glazed baby carrots, boulangère potatoes, apple crisps, cider gravy (gf)

Dark chocolate delice, caramelised poached pear, blood orange sorbet

Freshly brewed coffee and tea with petit fours

Dietary requirements should be emailed to perthevents@sut.org before 30 October 2015

Cost per head $168.18 + $16.81 GST = $185.00

Price includes arrival drinks, dinner, selected wines & beers for the duration of the evening and entertainment.

Name ____________________________________________________________

Company __________________________________________________________

Address __________________________________________________________

______________________________________________________________

E-mail __________________________________________________________

Telephone No. ___________________________ Fax No. _______________________

Please book _______ places for myself and my guest(s) @ $185.00 per head

Payment method:

o Chq made payable to SUT  o Invoice using Po. No. ________________  o Credit Card Visa, Mastercard or * Amex only

Card No. ______________________________________ Expiry Date ______ Sec no. _______

Name on the card __________________________________________________

Billing address for card ____________________________________________

______________________________________________________________

E-mail address where receipt should be sent for credit card payment______________________________

Total Payable $_________ Signature_____________________________________

*Amex payments will attract a 2.7% surcharge.