

CTIM PERAK BRANCH
ANNUAL DINNER 2019
17 April 2019, MU Hotel

RESERVATION FORM

CLOSING DATE: 10 April 2019

Organisation : _____
Address : _____
Contact Person : _____ Designation : _____
Tel. No. : _____ Mobile No. : _____
Fax No. : _____ Email : _____

I / We would like to book the following (Please tick (✓) your choice and indicate number in the respective section accordingly):

☐ **TABLE BOOKING(S) – RM600/table (for 10 persons)**

No of table(s) ☐

☐ **INDIVIDUAL BOOKING(S) – RM60/seat**

No of seat(s) ☐

**The amount is inclusive of 6% service tax. (All drinks are under personal account)*

Please complete and send the booking form to the following address:

CTIM PERAK BRANCH

Contact Person : Ms Jeanie Khor
eMail : jkhor@deloitte.com
Fax Number : 05-241 5288

PAYMENT DETAILS

☐ **Cheque**
No _____ for amount of RM _____
(Cheque should be made payable to **CTIM-CPE**)

☐ **Master / Visa Credit Card** for amount of RM _____

Please complete credit card details below:

Card Number

Cardholder's Name (as per credit card) Issuing Bank : _____

Expiry Date: _____ (mm/yy)

Cardholder's Signature _____

(Signature must correspond with the specimen signature on card)

☐ **INVOICE**

I/We would like to request for the invoice to be issued to: _____

Signature & Company Stamp:

Name : _____
Designation : _____
Date : _____