ISV ANNUAL DINNER 2019

22 November 2019, Friday @ InterContinental Singapore

Kindly complete the Booking Form and return it no later than 8 November 2019 together with payment to: Singapore Institute of Surveyors and Valuers

110 Middle Road, #09-00 Chiat Hong Building, Singapore 188968. Attn: Dina Tel: 6424 0285 Fax: 6225 2453, email: dina@sisv.org.sg

TABLE BOOKING FORM

Due to limited tables, booking is on a first-come-first-served basis. Invitation Cards may be collected a week

Price per Table of 10 for Chinese sit-	Number of		Amount			
down Dinner (inclusive of GST)	Table	Ticket	\$			
Table @ \$1,388.00 (Member)						
Table @ \$1,688.00 (Non-Member)						
Ticket @ \$150.00 (Member)						
Ticket @ \$178.00 (Non-Member)						
*Sponsors Table						
Platinum @ \$6,888.00						
Gold @ \$4,888.00						
Request per ticket basis who has/have spe additional charge	cial dietary red	quirement on a	table of 10 pax –			
Vegetarian @ \$150.00 (per Member)						
Vegetarian @ \$178.00 (per Non-Member)						
Muslim @ \$150.00 (per Member)						
Muslim @ \$178.00 (Per Non-Member)						
Total Amount Payable \$						
Enclosed is cheque (bank/number	o "Singapore Inque, seat at the SV website. Sp	nstitute of Surve VIP table and ha consors may als	eyors and Valuers" ave their company's logo			
Company Name						
Address						
	Pos	stal Code				
Tel	=ax					
Contact Person	Email					
Signature and Company Stamp	Date)				

For Official Use: Receipt no.: _____ Date: _____ Table/Ticket no. ____

SISV ANNUAL DINNER 2019

22 November 2019, Friday @ InterContinental Singapore

Kindly complete the Booking Form and return it **no later than 8 November 2019** together with payment to:

Singapore Institute of Surveyors and Valuers

110 Middle Road, #09-00 Chiat Hong Building, Singapore 188968. Attn: Dina Tel: 6424 0285 Fax: 6225 2453, email: dina@sisv.org.sg

SPONSORSHIP REPLY FORM

Gifts			Quantity	Value (Estimate)		
			450	\$xxxx		
Eg. Digital camera 1 no.			\$xxxx			
Eg Barrel of beer 1 no			1 no	\$1000		
Cash Donation						
Amount Cheque no.			Date			
Company Name						
Address						
7 tadi 000						
	Postal code					
T.J.						
Tel Fax						
Contact Person						
Email						
Signature and Company Sta	mn	 Date				
Signature and Company Sta	ΠΡ	Date				

THANK YOU For Your Support