



Westpac New Zealand Franchise Awards 2016-2017



Celebrate with us at the 22nd Annual Awards Presentation & Gala Dinner

Individual name attending or contact name for the table booking: _____

Company _____

Phone Number: _____ Email: _____

To ensure everyone has an enjoyable evening please let us know if you or anyone on your table has a dietary requirement.

Name _____, has the following dietary requirement _____

Tickets

Individual Dinner, Member \$190.00 Number of tickets if more than 1 _____
(Non-member \$230.00)

Table of 10 (10 for the price of 9) member \$1,710.00 Number of tables if more than 1 _____
(Non-member \$2,070.00)

All prices (exclude GST)

Two Payment Options: (PLEASE PRINT CLEARLY)

1. Please charge our account – Invoices are payable prior to the event.

2. Please charge \$ _____ to the credit card below

Visa MasterCard

Name on card _____

Expires ____ / ____ Signature _____

RSVP to admin@franchise.org.nz by 28th October 2016