



Accommodation Awards for Excellence Booking Form

Book online at www.ahawa.asn.au/events

or complete the form below and fax to 9321 7730

Business Name _____

Contact Name _____

Address _____

Telephone / Fax _____

Email _____

Guest Names:

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

Please advise of any food allergies upon booking to ensure requirements can be accommodated.

Ticket Options

\$229 per person or

Table of 10 \$1999

Date: ___/___/___

I wish to purchase (all prices inc GST):

___x Tickets @ \$229 ea \$_____ Total

___x Table of 10 @ \$1999 \$_____ Total

Full Payment is required by 29th July 2016.

All ticket cancellations received

after 28th July 2017 cannot be refunded.

Payment Details & Options

Tax Invoice ABN 96 422 750 882

Photocopy this form for your records as it is a tax invoice for GST purposes.

Cheque (made payable to WAHHA) for \$_____

EFT (BSB 036-011 / Acc 228582)

Credit Card*: Visa / Mastercard / Amex

(*1.49% surcharge applies)

Card No. _____

Expiry Date: ___/___

Cardholder's Name: _____

Authorised Signature: _____