The GLITTER BALL | 07

I am able to attend The Glitter Ball on Saturday March 31st 2007 in The Palladium at Crown.

☐ I would like to purchase ☐ **ticket/s @ $170 per person** (tables of 10).

☐ I would like to purchase ☐ **Corporate Table/s @ $2000** (Table/s of 10 with Company Name displayed).

☐ I would like to purchase ☐ **Special Corporate Glitter Ball Package/s @ $2700,** which includes:

- Table of 10 with Company Name displayed
- Company name on *www.glitterball.org* and digital advertising screen throughout the evening
- Certificate of recognition signed by the Glitter Ball Committee and The Royal Women's Hospital

☐ I am unable to attend, please accept **my tax-deductible donation of $** _____

Guest Name/Company Name: _____

Table Captain *(name table is booked under)*: _____

A. I would like to be placed on table named: *(ABC Company)*: _____ OR

B. Please place my table near: *(XYZ Company)*: _____

Please note: All tickets will be sent to Table Captains in relation to group bookings

Address: _____

Telephone: b/h _____ a/h _____ email _____

Please note: all pre-booked tables MUST be paid for by 16 February 2007.
Any reservations made after 16 February must be fully paid for at the time of booking.

PAYMENT OPTIONS

☐ **Cheque/Money Order** (payable to *The Royal Women's Hospital Foundation*)

Enclosed is my Cheque/Money Order for $ _____

Please note:
Cheques preferred, as RWH incurs a 2% fee on credit card transactions.

☐ **Credit Card:** Bankcard ☐ MasterCard ☐ Visa ☐

Cardholder's Name: _____ Amount: $ _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: _____

Card Holder's Signature: _____

Important note:
By signing here the signatory is offering to purchase 2007 official Glitter Ball tickets.
Tickets will be sent when payment is received. Please note tickets are subject to availability.
One receipt only is supplied for each payment. For individual receipts please supply separate payments.
No purported cancellation or termination will be permitted after the date of The Glitter Ball's confirmation of acceptance of this offer.

Please supply guests' names and addresses in the space below:

☐ Number of Guests requiring a vegetarian alternative meal

Name:	Address:

Please mail form to: The Glitter Ball, 11 Oakland Drive, Warrandyte VIC 3113 **Fax form to:** 03 9844 5455 or **Phone bookings:** 03 9844 5446