

BANKWEST GALA DINNER SEATING ALLOCATION FORM

Complete this form if you wish to coordinate a table with your colleagues

CONDITIONS OF BOOKING

1. Table Coordinator must have contacted and confirmed all guests names before sending in Seating Allocation Form
2. Each guest must have completed their own separate online registration form
3. All names must be submitted to the MFAA Events team by Monday 19 April. After this date, guests will be seated at the discretion of the MFAA

TABLE COORDINATOR DETAILS

Last Name	<input type="text"/>	First Name	<input type="text"/>
Company	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile Phone	<input type="text"/>
Email	<input type="text"/>		

SEATING ALLOCATION (Tables consist of 10 seats per table)

	Last Name	First Name	Organisation	Email	Dietary Requirements
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

PLEASE FAX BACK TO THE MFAA EVENTS TEAM 02 9909 2144 BY MONDAY 19 APRIL