



MONDAY 27th October 2025

CROWN RESORT, GRAND BALLROOM

Strictly black-tie event - 6.30pm pre function drinks for 7pm start

GALA DINNER BOOKING FORM / TAX INVOICE

CONTACT DETAILS

Contact Person..... Company.....
Address:
Suburb: State..... Postcode:
Phone: Mobile:
Email:

PURCHASE TICKETS

(all prices are inclusive of 10% GST. This form becomes a tax invoice once payment is received)

If claiming a membership price, please ensure your membership is current.

- ☐ CIA Member Ticket Qty: x \$240 (inc GST) per ticket = TOTAL \$.....
☐ Non-Member Ticket Qty: x \$270 (inc GST) per ticket = TOTAL \$.....
☐ Group Booking Group Name:

(Please specify by writing in the table below so that guests are not double booked or missed)

No.	FULL NAME	DIETARY REQUIREMENTS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

☐ Individual Booking Group Name:

(Paying as part of a group? If so please advise which group you are booking)

HOW TO RSVP AND BOOK TICKETS

Phone: (08) 93199575 || Email: janice.ciawa@outlook.com

Post: Catering Institute of Australia (WA) – GPO Box E203, Perth 6000

PAYMENT DETAILS

(PLEASE PRINT CLEARLY)

☐ Direct Transfer Account Name: Catering Institute of Australia (WA) ABN: 9456 7095 903
Bank: Westpac Bank BSB: 036 000 Account No. 690 851

☐ Credit Card – Visa or Mastercard accepted

Name on Card: Signature:
Card No: CV No: Expiry Date:

CONDITIONS

**Credit card payments: Please note, there will be a 1.5% credit card surcharge. Visa and MasterCard accepted.

IMPORTANT: • Only cancellations received PRIOR to the Monday 29th September 2025 are entitled to a refund; substitute delegates are welcome. • Tickets will not be distributed until full guest lists and full payment are received. • Please provide dietary requirements at time of booking. If requirements are not provided prior to the event, no guarantee can be given that a meal will be available..

OFFICE USE: Booking number _____ Date: _____ Processed by: _____