

# MATER DOCTORS', NURSING AND MIDWIFERY ALUMNI GALA BALL



## Registration Form

**YES** I would like to attend the Mater Doctors' Alumni Gala Ball on Saturday 14 August 2010

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Please find enclosed my cheque/charge my credit card \* for \_\_\_\_\_ tickets at \$100 each, equaling a total of \$ \_\_\_\_\_.  
The names of my guests are below/will be forwarded \* once finalised.

**OR**

Please find enclosed my cheque/charge my credit card \* for a table of 10 at \$900—the names of my guests are below/will be forwarded once finalised.\*

*\* Please strike out as applicable and complete this form with full details as soon as possible.*

## Payment Details

Cheque: Please make cheques payable to Mater Health Services.

Credit Card:

MasterCard  Visa Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Signature: \_\_\_\_\_

## Registration Details

Table/Host Name: \_\_\_\_\_

Guest names and any dietary requirements:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Please send in your registration form even if you can not fill in all seats, as Mater will fill unallocated seats.

## RSVP

Please RSVP by **Friday 16 July 2010** to Sara Fingleton on telephone 07 3163 1036, facsimile 07 3163 6142, email [sara.fingleton@mater.org.au](mailto:sara.fingleton@mater.org.au) or post to Marketing Department, Raymond Terrace, South Brisbane Qld 4101

**Seats are limited and should be booked as soon as possible to avoid disappointment.**



celebrating **100** YEARS on Mater Hill

 **Mater**  
Exceptional People. Exceptional Care.