



CORPORATE HOSPITALITY ORDER FORM

Company/Team Name:

Company/Team ABN/ACN:

Contact Name:

Contact Email:

CORPORATE GUESTS	10 pax	\$180:00 p/p	\$1800:00
	20 pax	\$180:00 p/p	\$3600:00

Payment Details:

VISA

Mastercard

I would like to pay by credit card and authorise the debit of the following card:

Card Number: _____ Exp: _____

Cardholder Name: _____ Signature: _____

If you would like to be invoiced, please ticket here:

