



Application for Crown Perth Catering Services

Once completed, please forward to the below Crown Perth representative:

ATTENTION: *** KRYSTEL MIRANDA ***
EVENT NAME: *** AAPM NATIONAL CONFERENCE ***
EMAIL: krystel.miranda@CrownPerth.com.au
TEL: 61 8 9362 7772
FAX: 61 8 9362 7547

***** Applications must be received by Crown no later than 7 working days prior to the event, by 2.00pm *****

APPLICATION FORM

***** PLEASE PRINT ALL DETAILS CLEARLY*****

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____ Fax: _____

Email Address: _____

Site Contact Name: _____

Site Telephone: _____

Booth #: _____

Time Required: _____

| | Price per Platter | No. Platters | Total Cost | Date Required | Time Required |
|---|-------------------|--------------|------------|---------------|---------------|
| PLATTERS | Serves 10 | | | | |
| Assortment of Cookies | \$50.00 | | | | |
| Mini Gourmet Quiches, Lorraine, Florentine, wild mushroom | \$60.00 | | | | |
| Angus Beef Pies & Sausage Rolls | \$65.00 | | | | |
| Finger Sandwiches | \$95.00 | | | | |
| Dips & Turkish Bread | \$60.00 | | | | |
| TOTAL | - | | | - | - |

| | Price per Day | No. Required | Total Cost | Date Required | Time Required |
|--|--------------------------------------|--------------|------------|---------------|---------------|
| OTHER | | | | | |
| Crown Staff Member (RSA Certified) | \$50 per hour (minimum 3 hour shift) | | | | |
| Continuous Ice | \$30.00 | | | | |
| Glassware Hire & Ice Please specify Glass Type & Quantity - *White Wine *Red Wine *Sparkling Wine *Tumblers *Other | \$100.00 per 100 glasses | | | | |
| TOTAL | - | | | - | - |



PAYMENT

Payment is required **prior** to the commencement of the exhibition. Please complete the payment option below.

Name of Event: _____

Date of Event: _____

Exhibition Booth Name: _____

CREDIT CARD PAYMENT AUTHORITY (Please attach a photocopy of both sides of the credit card)

I, _____, the undersigned, hereby authorise Crown Perth to debit my credit card as detailed below and for any additional charges incurred.

Card Type: (Please circle applicable card) TOTAL COST: _____

Bank Card Visa Master Card Diners Club American Express

Card Number: _____

Expiry Date on Card: _____

I hereby agree with the Crown Perth Terms and Conditions of Use as outlined below.

Signature of Card Holder: _____