



USUKAA SUMMER RECEPTION

Thursday 2 July 2009

The Great Hall at Barts
St Bartholomew's Hospital
West Smithfield, London EC1A7BE

RSVP deadline: Friday 26 June 2009

PERSONAL DETAILS

Title: Mr Ms Mrs Miss Dr Other _____

First name/s:

Last Name:

Mailing Address:

City/Town/County:

State:

Postcode:

Country:

Contact Phone: Home Work Mobile (____) _____ Contact Email: _____

GUEST DETAILS & SPECIAL REQUIREMENTS

Please provide the names of your guest(s):

Dietary / special requirements:

BOOKING DETAILS

Please accept my payment of: Member ticket/s @ £35.00 per person £ _____

Non-members ticket/s @ £40.00 per person £ _____

Student/s @£30.00 per person £ _____

Please find a cheque enclosed for a total amount of: £ _____

PAYMENT DETAILS

Credit Card: Visa MasterCard American Express Diners Club

Card No:

Expiry Date: /

Cardholder Name:

Signature:

Please mail back to: Ms Claire Hannagan - Events Office, Alumni Relations
Room K6.06, Quadrangle (A14), The University of Sydney NSW 2006

Further details: Phone: 02 9036 9278 or + 44 (0) 207 731 3277 Fax: 02 9351 6868
Email: rsvp@usyd.edu.au Web: www.usyd.edu.au/alumni/networks/uk_alumni