



TABLE GUESTS

(Please write in black ink and block capitals)

Magazine/Company:

Contact name:..... Ph:.....

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Please indicate if any guests have special dietary requirements.

In order for us to have an accurate table plan please return this form to Alex Pont by latest Wednesday 29 October
Fax: 020 7549 8668. Thank you.