

REGIONAL PRESS AWARDS

TABLE GUESTS

(Please write in black ink and block capitals)

Newspaper/Company:

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

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Please indicate if any guests have special dietary requirements.

Please list the guests as you would like them to be seated on the table.

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