







For sponsorship opportunities please contact Victoria Armstrong on 0796 8448 365 or victoria@sasevents.co.uk

Please return this booking form by email or post to: Clare Hollick, Createvents Ltd, 450 Brook Drive, Reading, Berkshire RG2 6UU Email: clare@createvents.co.uk; Tel: 01183 340085

Please note: Tables are allocated on a first come/first served basis, so book early to ensure a prime position. Bookings are only accepted with full payment in advance. Your table booking is not guaranteed until you have received written confirmation from Createvents. If you do not receive confirmation within 10 working days, please contact Createvents on 01183 340085.



Awards

LONDON AWARDS LUNCH

Table Booking Form

Tel.

Venue: London Hilton on Park Lane, 22 Park Lane, London W1K 1B Time: Reception Drinks – 12pm, Lunch – 12.30pm	Date: Tuesday 30 April 2019 Dress: Lounge Suit
If you are booking on behalf of a BCO member please supply their name and membership number. Membership No Name	
Write clearly and in CAPITALS (Please name the contact to whom the	VAT receipt, confirmation, and further details should be sent).
	Surname
Company Name	
Address	
	Postcode
Email	Tel
Is your company involved in any entries for the BCO Awards 2019?	Yes No
Is yes, please state the application number and the name of the project	t entered:
The BCO would like to contact you with further relevant information ($\!\!\!$	we will not pass your details on to third parties).
tick here if you wish to receive emails	tick here if you wish to receive direct mail
DAVIMENT METHOD	
Please reserve table(s) of 10 places @ a cost of £1,900 per	table : VAT @ 20% (£290) = £2 290 par table
Please reserve place(s) @ a cost of £190 per place + VAT @ 20% (£38) = £228 per place	
Price includes drinks reception, three course meal, tea & coffee, and Awards Present venue, we are unable to offer refunds. The BCO are unable to raise invoices in advan	
Total payment £ (inc VAT). Full payment is required at the	
I enclose a cheque for £ \square made payable to "British Cou	
Please debit my Visa/Mastercard (please delete as necessary)	
Credit Card number	
Security Code (Last 3 digits on reverse of card) Expiry date Signature	
Explication of the control of the co	J'ente
Cardholder's name and address, if different from details above.	Billing address, if different from details above.
Title First Name	Full Name
	Company
	Address
Postcode	

Postcode -