



**RESERVATION APPLICATION FORM
FOR THE DINNER AMICAL**

**To be held at Greek Ambassador's Residence
On Friday, 16th June 2006 at 19.30 hrs.**

Please return by Monday, 12th June 2006 to:

Mr. Pri Notowidigdo - Vice Argentier
The Amrop Hever Group
Bapindo Plaza, Citibank Tower 14/F
Jl. Jend. Sudirman 54-55, Jakarta 12190
Tel. 021 526-7072; Fax 021 526-7074
Email: info@chaine-indonesia.org

Yes, I will attend

I confirm that I have already sent my contributions for the dinner amounting to:

Rp. _____

By Cash

By Cheque

By Bank Transfer

By Bilyet Giro

Cheques payable to:

Mr. Pri Notowidigdo

(On the back please mark "for Dinner Amical")

I regret I will not be able to attend on this occasion.

Please Note:

- All payment to be sent to Mr. Pri Notowidigdo's office
- Dinner contributions will not be accepted on the night.
- There will be no refund for cancellations received within 72 hours of the dinner.

Name of Member : _____

Member Address : _____

Telephone : _____

Fax : _____

Email : _____

Name of Guests : 1. _____

2. _____

3. _____

(Participant Signature)

Date: _____