



**Guest List Form
 Saturday, 14th April 2012
 London Hilton Park Lane**

To confirm the details of your guests please print clearly and return by FRIDAY 9th MARCH 2012

Contact Name: _____

Job title : _____

Company : _____

Tel: _____

Fax: _____

Email: _____

*Please list your guests as you would wish them to be seated on the night.
 Seat number one faces the stage, and the others follow in a clockwise direction.*

GUEST LIST:

	NAME	COMPANY	DIETARY REQUIREMENTS
1
2
3
4
5
6
7
8
9
10

**Changes to this list may be made up until 12 noon on the day of the awards
 Please complete and fax back by: Friday 9th March 2012**
 To: Linda Kimberley, Optician Awards
 3LR Floor, Quadrant House, The Quadrant, Sutton, Surrey SM2 5AS
 Tel : 020 8652 3304 Fax : 020 8652 8839 Email: linda.kimberley@rbi.co.uk