

Alumni Dinner in Paris

Wednesday 7 June 2017

Name:	Matriculation Year:
Address:	
	Postcode:
Telephone:	Email:
☐ I would like to book	place(s) at the Paris dinner
Dietary Requirements:	
Guest Name (if applicable	2):
Guest Dietary Requirement	nts:
I enclose a cheque for £	payable to " Trinity Hall "
I wish to make a payment of £ card payment form)	by payment card (please complete the
Please return, no later than Monday 5 Sept 2016 to: Alumni Office, Trinity Hall, Cambridge, CB2 1TJ	
Alternatively, bookings can be made by phone. Please call: +44 (0)1223 332550	
If you have any queries, please email alumnioffice@trinhall.cam.ac.uk	



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☐ I will pay by credit card, and my card details are as follows (please fill in all fields):
The card is a Visa/MasterCard/Maestro/Delta (delete as appropriate)
Card number://///
Card valid from: / Card expires: /
3 digit security number found on the reverse of the card:
Maestro issue number (if applicable):
Amount to debit card: £
Cardholder's signature:
Card holder's details:
*Required fields
*Name:
*Statement Address:
*Postcode: Country:
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