

REGISTRATION AND DINING FORM

Communication on Tuesday, 13 March 2018

This form must be completed using typescript or block letters in black ink and sent to:
Masonic Support Services, Mark Masons' Hall, 86 St James's St, London SW1A 1PL to arrive not later
than **27 February 2018**. Due to limited seating bookings will not be accepted after this time.

1. <input type="checkbox"/> <input type="checkbox"/> BROTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Initials)	<input style="width: 100%; border: none;" type="text"/> (Surname)
2. FORENAMES IN FULL	<input style="width: 100%; border: none;" type="text"/>	
3. ADDRESS	(i) <input style="width: 100%; border: none;" type="text"/>	
	(ii) <input style="width: 100%; border: none;" type="text"/>	
	(iii) <input style="width: 100%; border: none;" type="text"/>	
	(iv) <input style="width: 100%; border: none;" type="text"/>	
	(v)	POSTCODE
4. MMH MEMBERSHIP NUMBER (if known)	<input style="width: 100%; border: none;" type="text"/>	
5. TELEPHONE	HOME	MOBILE
	<input style="width: 100%; border: none;" type="text"/>	<input style="width: 100%; border: none;" type="text"/>
	EMAIL <input style="width: 100%; border: none;" type="text"/>	
6. PRESENT GRAND RANK	<input style="width: 100%; border: none;" type="text"/>	7. Prov/Dist GRAND RANK <input style="width: 100%; border: none;" type="text"/>
8. LODGE NAME	<input style="width: 100%; border: none;" type="text"/>	
9. NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Province or District <input style="width: 100%; border: none;" type="text"/>

It is my intention to attend the Meeting Yes No I shall require dinner after the Meeting Yes No

My meal selection is:- Alternative Starter Main Course Alternative Dessert
 Meat Fish Vegetarian

and shall have guests whose names and ranks are recorded overleaf. I enclose a dining fee of £48.00 per person. **

This form can be e-mailed when completed to marksupport@mmh.org.uk

A CHEQUE MADE PAYABLE TO GLMMM IS ENCLOSED FOR A TOTAL OF £

OR PLEASE CHARGE MY CREDIT OR DEBIT CARD

CARD No. Visa Mastercard

EXPIRY DATE VALID FROM Security No.

SIGNATURE DATE

Or PAY BY BACS Please e-mail marksupport@mmh.org.uk for details of this method
Use Reference of Q1Mk18

To ensure a seat payment MUST accompany this form and be received by **Tuesday, 27 February 2018**.
Email submission of this form is preferred, together with card payment details to: marksupport@mmh.org.uk
 Cancellation of seat reservations will be accepted up to 12 noon on **Tuesday, 6 March 2018**.
 Dining fees cannot be refunded after that date. Please advise of any person requiring assistance or any special dietary requirements.
DINING FEES WILL BE PROCESSED UPON RECEIPT. **

MENU

Thai Beef Salad, Cucumber & Mint
(Alternative Option: Melon)

Corn Fed Chicken en Crouete with Mushroom & Leeks, Fondant Potatoes, Creamed Cabbage, Turned Carrots & Burgundy Red Wine Sauce
(Fish option: Pan-Fried Rouge with Pomme Mousseline, Sautéed Mushrooms, Wilted Spinach & Asparagus, Olive and Pepper Dressing)
(Vegetarian option: Aubergine & Courgette Moussaka, Sautéed Mushroom, Wilted Spinach & Asparagus)

Rhubarb Bakewell, Apricot Jelly, Greek Yoghurt Ice Cream
(Alternative option: Fresh Fruit Salad)

Coffee and After Dinner Mints

COST £48.00

GUESTS

Bro.
 (Initials)
 (Surname)

FORENAMES IN FULL

GUESTS POSTCODE STYLE OR TITLE (e.g. Mr, Sir, Revd)

DECORATIONS AND HONOURS **Prov./Dist. Must be completed**

Guest 1 meal selection is:-

Alternative Starter

Meat **Main Course** Fish Vegetarian

Alternative Dessert

Bro.
 (Initials)
 (Surname)

FORENAMES IN FULL

GUESTS POSTCODE STYLE OR TITLE (e.g. Mr, Sir, Revd)

DECORATIONS AND HONOURS **Prov./Dist. Must be completed**

Guest 2 meal selection is:-

Alternative Starter

Meat **Main Course** Fish Vegetarian

Alternative Dessert

Bro.
 (Initials)
 (Surname)

FORENAMES IN FULL

GUESTS POSTCODE STYLE OR TITLE (e.g. Mr, Sir, Revd)

DECORATIONS AND HONOURS **Prov./Dist. Must be completed**

Guest 3 meal selection is:-

Alternative Starter

Meat **Main Course** Fish Vegetarian

Alternative Dessert

Bro.
 (Initials)
 (Surname)

FORENAMES IN FULL

GUESTS POSTCODE STYLE OR TITLE (e.g. Mr, Sir, Revd)

DECORATIONS AND HONOURS **Prov./Dist. Must be completed**

Guest 4 meal selection is:-

Alternative Starter

Meat **Main Course** Fish Vegetarian

Alternative Dessert