

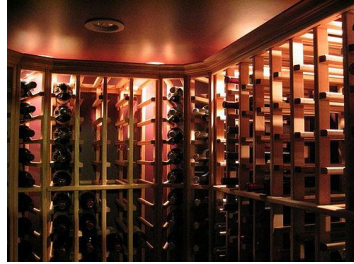


WINE GUILD VICTORIA INCORPORATED

FUNCTION NOTICE

TASTE 'N' TALK

THE WHY AND HOW OF CELLARING WINE



- DATE** Wednesday 13th September 2017
- VENUE:** Burwood District Bowls Club
Burwood Reserve,
Warrigal Road, Glen Iris. Vic.
- TIME:** 6:30pm: Sparkling on arrival for 7.00pm start
- GUEST SPEAKER:** **GREG CUTHBERT**
- SUBJECT:** *The How & Why of Cellaring Wine*
Greg Cuthbert has been cellaring wine as a hobby for nearly 20 years and created his business *Cellar Advisor* to assist others wanting to create or improve a cellar without 'breaking the budget'. Greg will talk about the benefits of cellaring wine while you taste and compare wines that demonstrate those benefits. Greg will also talk about what makes a wine worth cellaring, how wines change with time, how to cellar different wine styles and how he converted his empty garage into an impressive cellar.
- WINES:** A selection of wines chosen by Greg Cuthbert
- MENU:** Ploughman's Platters
- PARKING:** On-site car park
- COST:** **Members \$35.00 Non Members \$40.00**
- RSVP:** **Wednesday 6th September 2017**

Wine Guild Victoria Incorporated promotes the Responsible Consumption of Alcohol.



REMITTANCE ADVICE

TASTE 'N' TALK NIGHT

THE HOW AND WHY OF CELLARING WINE

WEDNESDAY 13TH SEPTEMBER 2017

MEMBERS: \$35.00 NON MEMBERS: \$40.00

RSVP: Wednesday 6th September 2017

Online: : www.wineguildvictoria.com.au/online-function-booking-form

Ctrl + Click to RSVP & receive email acknowledgement

Post to: **THE SECRETARY, WINE GUILD VICTORIA, PO BOX 1000, SUNBURY VIC 3429**

Phone: **Graeme Lofts 0409 831 883**

Email: vicepres@wineguildvictoria.com.au

I/We will attend the Taste 'N' Talk on Wednesday 13th September 2017

1. Please charge my Master Card Visa

Card Number:

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Card Holder's name: _____ Expiry Date: _____

Signature: _____ Total amount: \$ _____

2. **Direct Deposit details:** Westpac Bank BSB 033 138, Account name: Wine Guild Victoria

Account Number: 167701 **Reference: TNT Your surname.**

3. Enclosed is a cheque/money order for: \$ _____ payable to Wine Guild Victoria.

Please print names clearly:

Member: _____ Mobile Ph: _____

Member: _____ Mobile Ph: _____

Guest: _____ Mobile Ph: _____

Guest: _____ Mobile Ph: _____

Special Dietary Requirements:

Name and Dietary Requirement:

Name and Dietary Requirement:
