

# WINE GUILD VICTORIA INCORPORATED

## FUNCTION NOTICE

### William Angliss Institute

#### LUNCH



**Date:** [Wednesday 26<sup>th</sup> April 2023](#)

**Venue:** **Angliss Restaurant**  
**Ground Floor, Building E**  
**550 Little Lonsdale Street, Melbourne**

**Time:** 11.40am for midday start  
Sparkling wine served on arrival

**Wines:** Wines selected from Angliss Restaurant Wine List

**Menu:** Menu prepared and cooked by students  
3 course Menu  
Entrée, Main & Dessert  
Tea & Coffee

**Parking:** Street parking

**Public Transport:** **Train:** The closest train stations are Flagstaff and Southern Cross.  
**Tram:** Suburban trams as well as the City Circle free tram stop directly outside the Institute on LaTrobe Street.

**Cost:** **Financial Members: \$60.00**                      **Non Members: \$70.00**  
***Bookings are not confirmed until paid***

**RSVP:** **Monday 17<sup>th</sup> April 2023**



# REMITTANCE ADVICE

## William Angliss Institute

### Angliss Restaurant

WEDNESDAY 26<sup>TH</sup> APRIL 2023

FINANCIAL MEMBERS: \$60.00

NON MEMBERS: \$70.00

*Bookings are not confirmed until paid*

**RSVP: Monday 17<sup>th</sup> April 2023**

Online Booking Form: [www.wineguildvictoria.com.au/online-function-booking-form](http://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 enquiries: Dianne Lofts 0412 756 073

Email enquiries: [secretary@wineguildvictoria.com.au](mailto:secretary@wineguildvictoria.com.au)

I/We will attend the Angliss Restaurant on Wednesday 26<sup>th</sup> April 2023.

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: AR > Your surname.**

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

**Please print names clearly:**

Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Non-Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Non-Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**Special Dietary Requirements:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_