

ANNUAL SUBSEA ENGINEERING DINNER

Wednesday 22 June 2005

The Marcliffe at Pitfodels Hotel

Reception 19.00

Dinner 19.30

Perfect opportunity

to invite your clients and/or staff

to fill a table (or several) of 10

Individual places also available on a shared table

RECEPTION

Reception drinks, Four course meal

Half bottle of wine per person

£60.00 per head (Inc. vat)

GUEST SPEAKER

(sponsored by Stolt Offshore)

Mr John McKelvie

As his accolades imply, John's true and extremely funny refereeing anecdotes allied to stories gathered from 30 years in Strathclyde Police continue to enrich and entertain the after dinner circuit

DRESS CODE : DINNER JACKET OR TRADITIONAL HIGHLAND

SOCIETY FOR UNDERWATER TECHNOLOGY

Innovation Centre, Exploration Drive, Offshore Technology Park, Bridge of Don, Aberdeen, AB23 8GX
Telephone: +44 (0) 1224 823637 / Fax: +44 (0) 1224 820236 / e-mail: carol-ann.reid@sut.org

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Telephone: +44 (0) 207 382 2601 / Fax: +44 (0) 207 382 2684 / e-mail info@sut.org



Cocktail Reception at
19.00

precedes the dinner at
19.30

£60.00 per head (inc. VAT)

HEADS AND TAILS

In aid of
the Educational Support Fund

Envelopes on table
for entry fee

£200 cash
paid to winner on the night

MENU

Warm Smoked Salmon
cucumber salsa

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Medallions of Beef and Veal  
morel and cognac sauce

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Fresh Baby Carrots
Asparagus Spears
Dauphinois Potato

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Chocolate Iced Souffle  
sauce Anglaise and raspberry puree

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Coffee & Petit Fours

BOOKING FORM

Please complete and return to
Carol-Ann Reid, SUT Innovation Centre, Exploration Drive, Offshore Technology Park, Bridge of Don,
Aberdeen, AB23 8GX Email carol-ann.reid@sut.org / Tel 01224 823637 / Fax 01224 820236

Contact Name _____

Company Name _____

Address _____

E-mail _____

Telephone No. _____ Fax No _____

Please book _____ places for me and my guest(s) @ £60.00 per head (Inc. VAT)

Total Payable £ _____

Payment Method

Cheque made payable to SUT Invoice using PO number Credit Card

Credit Card Number: VISA or MASTERCARD ONLY _____ / _____ / _____ / _____ Exp. _____

Name on the card _____

Billing Address if not as above _____
