taste

IDEA FESTIVAL®

Restaurant/Beverage Registration Form
Wednesday, September 28, 2016
6:00 PM - 8:00 PM

Restaurant/Company Name: _____

Chef/Participant Name: _____

Address: _____

City, State: _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Cell:** _____

Email: _____

I prefer to be contacted by: Office Phone ( ) Cell Phone ( ) Email ( ) Mail ( )

Best time to reach me: _____

Will you need electricity: Yes_____ No _____ How many amps? _____

Will you need ice: Yes ____ No_____ How many pounds? _____

Item to be served (submit by Sept. 5, 2016): _____

***Detailed description* of item to be served (for program - submit by September 5, 2016):**

_____

_____

_____

Thank you for your generous support!

Please return form to Sarah Smith at Sarah@YorkMgmt.com
If you have any questions, please call Sarah Smith or Kelly Dettor at 502-894-9768

IDEA FESTIVAL
LOUISVILLE, KENTUCKY SEP 27 – SEP 30 2016
www.IdeaFestival.com

taste

IDEA FESTIVAL®