



**Restaurant/Beverage Registration Form**  
**Wednesday, September 27, 2017**  
**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 (  )

Best time to reach me: \_\_\_\_\_

Will you need electricity: Yes \_\_\_\_\_ No \_\_\_\_\_

Will you need ice: Yes \_\_\_\_\_ No \_\_\_\_\_ How many bags (Limit 4) \_\_\_\_\_

Item to be served should be submitted by Monday, September 4<sup>th</sup>, 2017. If known, please give a detailed description below:

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*Thank you for your generous support!*

Return form to Sarah Smith at [Sarah@YorkMgmt.com](mailto:Sarah@YorkMgmt.com)

**I D E A F E S T I V A L**

LOUISVILLE, KENTUCKY SEP 26 – SEP 29 2017  
[www.IdeaFestival.com](http://www.IdeaFestival.com)