

CHAMBER FOUNDATION

Restaurant Participation Levels

<i>Chalkful of Taste 2024</i> Restaurant Participation Levels	Five Star	Four Star	Three Star	Two Star
	\$1,500	\$1,000	\$700	\$400
Restaurants/booths included in your exhibit space	3	2	1	1
Each booth will be provided two 8' tables for display and workspace. *One Additional workspace tables can be purchased for \$50	X	X	X	X
Inclusion on all printed marketing materials including: rack cards, posters, sign with logo for booth & more	X	X	X	X
Restaurant Logo and Listing on the AMPLIFY Clearwater <i>Chalkful of Taste</i> webpage	X	X	X	X
Opportunity to win multiple awards with our fun, new competitions! More to come soon!	X	X	X	X
Inclusion in all social media posts and ads and press releases promoting the event	X	X	X	
One (1) full color feather flag featuring all participating restaurants to be placed in prominent location during event	X			
Includes chalked logo of parent company outside of tasting exhibit space	X			
Exhibitor Wristbands (for Chefs and workers inside the booth)	8	6	4	4
<i>Chalkful of Taste</i> General Admission Tickets	12	8	5	2

CHAMBER FOUNDATION Deadlines

***CHALKFUL OF TASTE* PARTICIPATION DEADLINE**

Participation Package to be Completed:

- Participation Form – Completely filled out and sent in as soon as possible
- Payment in full – Completely filled out and sent in as soon as possible
- **Advertising DEADLINE for promotional materials: September 27, 2024**

Upon completion of the package, please email to brianna@amplifyclearwater.com.
You may also mail completed package to:

AMPLIFY Clearwater
Attn: Brianna Saraceno
1346 S Ft Harrison Ave
Clearwater, FL 33756

Payment Accepted: Cash, Check, Visa, Master Card, American Express

PROMOTIONAL MATERIALS DEADLINE

Participation Package and payment must be received by **September 27, 2024** to be included in all advertising associated with event.

Mandatory Meeting & General Information

We will review all information and questions at the **Mandatory** meeting so please have a representative from your establishment in attendance. *Date of the mandatory meeting will be shared shortly.*

CHAMBER FOUNDATION Restaurant Participation Form

Restaurant Name:		
Contact(s):		
Street Address:		
Phone Number(s)(best)	()	()
Email Address:		
Web Address:		

Booth Description and Needs:

What type of booth layout would you like?
Do you plan on decorating your booth?
Will you need electricity?

What type of food menu will you be serving?

What compostable products will you need?

*Compostable plates, napkins and forks will be provided. Should you need additional inventory, please let us know no later than October 18th, 2024.

Level of Participation:

<input type="checkbox"/>	5 Star	\$ _____
<input type="checkbox"/>	4 Star	\$ _____
<input type="checkbox"/>	3 Star	\$ _____
<input type="checkbox"/>	2 Star	\$ _____

TOTAL SUBMITTED: \$ _____

CHAMBER FOUNDATION

Credit Card Authorization Form

Credit Card Information			
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX			
<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
CCV: _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____ , authorize AMPLIFY Clearwater to charge my credit card above for agreed upon purchases and understand that I will not receive a refund, credit, or prorated bill for any reason of cancellation.

Customer Signature

Date