

ARC Taste of Galena

Friday—February 3, 2012

7-10 pm

HOSTED BY: Eagle Ridge Resort & Spa

REGISTRATION DEADLINE: January 6

Exhibitor Registration

Contact Person _____ Title _____

Business Name _____

Business Address _____

Phone _____ Email _____

Website _____

Bring us your best. We need only one.

Our Favorite Things theme is to truly showcase one of your favorite things.

Please state the one food sample you plan to serve and assign a ticket value that attendees will pay for your sample. You will receive reimbursement of 25 cents per ticket collected.

List the one food item below.

Circle tickets needed for your sample: 1 2 3

Yes, I need electricity at my booth. No, I do not need electricity at my booth

If you have booth placement preferences please call Sarah at 815.777.2248. First to register, first to choose, subject to space and equipment requirements.

By signing this I give permission for the ARC Taste of Galena committee, marketing team, and the Galena ARC to use the above provided information as well as any event photography in any and all promotional materials in any and all media format. By submitting this registration, I agree to exhibit at the ARC Taste of Galena and comply with all guidelines, understanding that this is a not-for-profit event with proceeds to benefit the Galena ARC.

Signature: _____

RETURN THIS FORM TO:

Galena Art & Recreation Center • 413 S. Bench St. • Galena, IL 61036

phone (815) 777-2248 • fax (815) 777-3493 • executivedirector@galenaarc.org