



Presenting Sponsor



Presents you with **Hilliard Restaurant Week!**

Please fill out the form below if you would like to participate in Hilliard Restaurant Week that will take place August 9 - 15. **Application deadline is Monday, July 6.**

RESTAURANT INFORMATION

Restaurant Name: _____

Restaurant Website (will be hyperlinked to your page): _____

Restaurant Phone: _____

RESTAURANT CONTACT

Main Contact Name: _____ Phone: _____

Email: _____

MENU OPTIONS

Your menu will be placed along with price point on the Chamber website. Select which option you will be doing below. Keep in mind price points of \$10, \$15, \$20 or \$25

☐ Three-course spread (please list two selections for each category). Price _____

Appetizer _____

Entree' _____

Dessert _____

☐ Restaurant Special Price _____

List Special _____

PAYMENT INFORMATION

☐ Chamber Member - \$50

☐ Non - Chamber Member - \$150

*You may pay for membership at same time and use discount. Contact chamber office for more information.

☐ Check enclosed: Make check payable to the Hilliard Area Chamber of Commerce

☐ Credit Card ☐ Visa ☐ Mastercard ☐ AMX

Cardholder name

Credit Card #

Exp. Date

Billing Zip Code

Code# (back of card)

You may register online at www.hilliardchamber.org, emails this form to support@hilliardchamber.org or fax this form to 614-876-3113 or mail completed form to: Hilliard Area Chamber of Commerce, 4081 Main St., Hilliard, OH 43026.