

# YES, COUNT ME IN!!

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Yes I would like participate in and donate a gift to the 2010 Restaurant Week Giveaway

If "Yes" Please describe the donation \_\_\_\_\_

## RESTAURANT WEEK MARCH 25<sup>TH</sup>-APRIL 1<sup>ST</sup>, 2010

*Please describe how you would like your special(s) to be described on the Chamber website and/or other publications: (Please specify whether they are lunch or dinner)*

**1<sup>st</sup> Course:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2<sup>nd</sup> Course** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3<sup>rd</sup> Course** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Price:** \_\_\_\_\_

*Please Return Completed Form by February 12<sup>th</sup>, 2010:*

Greater Newport Chamber of Commerce

Attn: Mike Yost

555 SW Coast Hwy

Newport, OR 97365

FAX: (541) 265-5589

# CHEF'S CORNER



*(Optional)*

*Please fill out this informational sheet and provide one of your recipes. It will be posted on the Restaurant Week section of the Chamber's website. It's a great way to help the local culinary team and community get to know the Chef's at their favorite restaurants!*

*Name:* \_\_\_\_\_

*Establishment Name:* \_\_\_\_\_

*Length of time at establishment:* \_\_\_\_\_

*When did you know you wanted to be a Chef? And/Or How did you become a Chef?*

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*Please share any helpful/interesting tricks or techniques you use in your kitchen?*

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*What's your favorite dish to make at home?*

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*Any additional interesting things about yourself you would like to share?*

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*What's your secret ingredient? ☺*

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