



Tuesday, August 16, 2011 from 5:30 to 8:30 p.m.  
at Showplace in downtown High Point

## Restaurant/Beverage/Caterer Response Form

- We will participate this year and have marked our calendar.
- We would like to receive more information before making a decision. Please contact me.  
Best days/time: \_\_\_\_\_
- We cannot participate this year, but want to donate a gift certificate for the silent auction.

Print **COMPANY NAME** exactly as you want it to appear in the event program and other publicity:

\_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Web address (for link at [hospicetaste.com](http://hospicetaste.com)): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form **AS SOON AS POSSIBLE**.

**Fax: 336.878.7275**

Mail:  
Hospice of the Piedmont  
1801 Westchester Drive  
High Point, NC 27262

Email: [tasteofthetown@hospice-careconnection.org](mailto:tasteofthetown@hospice-careconnection.org)

Questions? Please call Hospice of the Piedmont at 889.8446.

***Thank you!***