



Tuesday, August 17, 2010 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 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): _____

Signature: _____ Date: _____

Please return the completed form by June 30.

Fax: 336.878.7275

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

Email: tasteofthetown@hospice-careconnection.org

Questions? Please call Hospice of the Piedmont at 878.7281.

Thank you!