



RESTAURANT CONTRACT

5 STAR EXPO, February 19, 2010

Celebrating 14 years

8:30 A.M. – 3:00 P.M.

Hilton Chicago/Indian Lakes 250 W. Schick Rd. * Bloomingtondale

(Please Print)

Restaurant Name _____

Contact Name(s) _____

(up to 3 name badges will be printed)

Best Time To Reach Contact Person _____

Chamber Affiliation _____

Address _____

Phone _____ Fax _____

Cell Phone _____ Email _____

Website _____ Electric needed (circle one) YES NO

For publicity and reference, please provide us with an exact description of the food service you will provide.

As in the past, our Food Vendors receive a complimentary booth with electricity for providing their savory samples throughout the event. In addition, our food vendors will receive additional promotions at no costs to them.

NOTE: All food vendors are required to complete a Temporary Food Permit from the Health Dept. and are solely responsible for any permit fees if applicable. The Health Dept. must receive this form and any fees at least twenty days prior to the event. If you have any questions regarding the permit or necessary requirements, please contact Kathi Landow @ (630) 682-7400 ext 5314. She will be more than happy to assist you. *You can get more information regarding Health Dept. requirements by going to their website at www.dupagehealth.org. Go to menu bar on the left & scroll on Features; a box to the right will appear; click on DuPage Safe Food; click on Temporary Food Service.

Signature: _____

FAX COMPLETED CONTRACT TO: 630.858.4418 – Attention: SHARON (GHCC)