

PROVIDENCE UNCORKED!

A WINE & FOOD EVENT



Vendor Participant Confirmation Form

November 8th, 2011 :: 6:00 pm – 9:00 pm

NAME OF ESTABLISHMENT: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS _____

INTENDED PRODUCT TO BE SERVED (2 oz. portions) (Please circle all that apply):

BEVERAGE HOT APPETIZER COLD APPETIZER ENTRÉE DESSERT

DETAILED DESCRIPTION OF YOUR DISH (exactly as to be listed in the program):

IS ELECTRICAL OUTLET NEEDED? (Please circle) YES NO

SERVING UTENSILS AND/ OR DISHES NEEDED? (Circle all that apply, Providence will provide)

COCKTAIL PLATE SMALL SOUP CUP SPOON FORK

PROVIDENCE UNCORKED will be held on November 8th from 6:00pm – 9:00pm. All vendors must commit to the entire duration of the evening and **may not break down** before 9:00pm. Further set-up instructions will be sent closer to the event.

REPRESENTATIVE'S SIGNATURE: _____

SEND COMPLETED FORMS TO: Providence Health Foundation, 1150 Varnum Street NE, Washington, DC 20009 or Fax to: 202-269-7687 (ATTN: Berkley Summerlin).

If you have any questions please contact Berkley Summerlin at 202-534-4260 or berkley.summerlin@provhosp.org.