



# TASTE OF TITUSVILLE

Tuesday, March 16th, 2010

5:00 pm to 8:00 pm

# Searstown Mall

Please join us for this fun community event!

**Food Extravaganza:** Food vendors provide a sample TASTE of your specialty dishes for 1000 attendees. You will be provided one 6-ft covered table. We are asking you to bring disposable serving plates for your food. Please note electricity is not available. We encourage you to bring menus or special discount offers for the attendees to draw them to visit your business. Extra tables are available for \$25.00 and must be reserved in advance.

**Business Expo:** All businesses are welcome to participate in this display opportunity. Registration fee includes one 6-ft covered table. This is a great time for you to meet the public while promoting your company's services and products.



Comfort Keepers



Canaveral Port Authority, Bright House Networks,  
Parrish Medical Center, Riverside National Bank,  
Savings Safari, Searstown Mall

By registering, I acknowledge and hereby agree to abide by the rules and vendor information set forth in this application/entry form and to accept full responsibility for my display and merchandise. I understand that I am solely responsible for any and all local, state and federal licenses and taxes applicable. I release the Titusville Area Chamber of Commerce, City of Titusville, and any other person (s) or organizations involved with this event from any claim, demand, suit, or course of action for any damage or injury occurring.

## Vendor Registration Form Registration Deadline - March 6

<input type="checkbox"/> Food Vendors	No Charge
<input type="checkbox"/> Business Vendor- Chamber Member	\$ 50.00
<input type="checkbox"/> Business Vendor-Non Member	\$ 100.00
<input type="checkbox"/> Extra Table	\$ 25.00
<input type="checkbox"/> Taste Ticket Voucher # _____X	\$ 12.00

Tickets at the door \$ 15.00

Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_

**Method of Payment** Total: \_\_\_\_\_  
 Check  
 Visa V- Code \_\_\_\_\_  
 MasterCard Expiration \_\_\_\_\_

Credit Card # \_\_\_\_\_  
 Billing street address \_\_\_\_\_  
 Zip code \_\_\_\_\_  
 Signature \_\_\_\_\_

**This event has sold out each year.  
Sign up now to reserve your table**