



RESTAURANT REGISTRATION FORM

Event Date: Friday, March 28, 2008

Please return your confirmation and Registration form by **February 22, 2008** to ensure listing in evening's program.

Restaurant Name _____

Contact/Title _____

Address _____

Phone _____ **Fax** _____ **Email** _____

We agree to offer food samples at the Saratoga Sip on March 28, 2008*

*Sampling: Vendors are not expected to provide food for 400 people, but do suggest enough to last 3-4 hours.

	<u>Food Name</u>	<u>Quantity</u>	<u>Description</u>
1.	_____	_____	_____
	_____		_____
2.	_____	_____	_____
	_____		_____
3.	_____	_____	_____
	_____		_____

Names of representatives that will be delivering, setting up booth, and servicing:

1. _____ Contact # _____

2. _____ Contact # _____

3. _____ Contact # _____

****We request a volunteer to serve at our table.**

If you are unable to provide staff for the event, SUNY Cobleskill Culinary Students have graciously donated their time to the CF Foundation and can assist at your table upon request. **Volunteer availability is limited.

**Any additional restaurant representatives will need to purchase tickets.*

We are unable to participate in this event, but would like to purchase a journal ad for our business. (Please see attached Journal Ad Form).

***Please return this completed form to:**

The Cystic Fibrosis Foundation
 Attn: Becky Streeter
 423A New Karner Road, Albany, NY 12205
OR Fax to: 518.783.7394



saratoĝa sip

Wine Journal Sponsorship Opportunities

Event Date: Friday, March 28, 2008

Ad Levels:

Cabernet Level Journal Sponsor: \$500

Full-page ad in *The Saratoga Sip* tasting journal.

Merlot Level Journal Sponsor: \$250

Half-page ad in *The Saratoga Sip* tasting journal.

Chardonnay Level Journal Sponsor: \$125

Quarter-page ad in *The Saratoga Sip* tasting journal.

Wine Patron: \$65 (honor a CF Friend or Family member with a tribute sentence)

Name and/or special one line message to or for a CF Friend or Family Member in tasting journal:

Please e-mail your logo (.jpeg, .eps or .tif file) to rstreeter@cff.org.

Deadline for printing is February 22, 2008.

Name/contact: _____

Company: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ Payment enclosed: \$ _____

Make Checks Payable to: Cystic Fibrosis Foundation

or **Credit Card Payment:** Mastercard Visa Amer. Exp. Discover (*check one*)

Account Number _____ Exp. Date _____

Signature _____

This signature authorizes the Cystic Fibrosis Foundation to charge the credit card number above the stated and agreed upon amount.

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or

Fax to: 518.783.7394