



Tuesday, August 18, 2009 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 my 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 (*optional*): _____

Signature: _____ **Date:** _____

Please return the completed form by May 29 for full publicity and to receive a complimentary Taste of the Town 2009 t-shirt.

Fax: 878.7275 or 889.3450

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

Email: tasteofthetown@hospice-careconnection.org

Questions? Please call the Hospice of the Piedmont office at 889.8446.

Thank you!