



presented by: *Jim Thorpe, CFP*
Ameriprise 
Financial

2022 Restaurant Agreement Form

_____ **YES: WE** will participate as one of the restaurants for **Taste of Dearborn, Wednesday, June 15, 2022**

_____ If you are not located on or near Michigan Ave., we have a number of spots available at the Chamber, please indicate if you will need this spot & if you will need electricity. We also will be running more shuttles, contact Jean Smith or Jackie Lovejoy for details! 313.584.6100

Name of restaurant _____

Menu item for Taste of Dearborn _____

Contact Person _____ Title _____

E-mail Address _____

Address _____

Phone _____ Fax _____

Signature _____

***Note: We suggest that participating restaurants section off a portion of their restaurant to accommodate event patrons.**

Fax or email to jsmith@dearbornareachamber.org fax 313.548.9818:

COUPONS: WOULD YOU LIKE THE TASTE MENU TO BE YOUR COUPON FOR _____% OFF FOR RETURN CUSTOMERS AFTER TASTE? We seek to bring you return business!

OR: WOULD YOU LIKE TO PROVIDE YOUR OWN TO TASTE ATTENDEES?