



# **Taste of Hudson 2008 Exhibitor Package**

## **Benefits**

- Connect with tens of thousands of NE Ohio residents through affiliation with a large upscale lifestyle event
- Opportunity to take part in an event that captures the imagination and essence of the community of Hudson and the entire Western Reserve
- Opportunity to communicate your company's brand and community support through the Taste of Hudson promotional, advertising and media campaign
- Participate in an event which exists to promote entrepreneurial spirit and the free enterprise system for small business

## **You'll Receive**

- On-site presence for both days
- One 10' x 10' exhibitor tent with two tables, two chairs. Locations placed by festival and placed by tenure as a Taste of Hudson exhibitor.
- Festival Guide listing- Inserted in Hudson Hub, Stow Sentry, Cuyahoga Falls Press, Aurora Advocate, Twinsburg Bulletin and other Record Publishing newspapers as well as distributed to Taste of Hudson attendees (85,000 distribution)
- Opportunity to sell, sample and/or distribute your company's product and information throughout the two-day Taste of Hudson

## **Investment**

**\$600\***

To apply for a Corporate Exhibitor Tent at Taste of Hudson please fill out the Application Form and mail it, along with a non-refundable deposit check for \$300 by May 1, 2008 (payable to Taste of Hudson, Inc.) to Taste of Hudson, PO Box 312, Hudson, Ohio 44236 Attn: Billie Henning, Treasurer. Balance is due by June 15, 2008.

- \* State recognized non-profit, charity and community organizations (501C3) may purchase an exhibitor package for \$400
- \*Or, choose to be located in the Community Non-Profit Organization Tent. You'll receive a table and two chairs for \$200

## Corporate Exhibitor Application

Today's Date: \_\_\_\_\_, 2008

Company/organization name: \_\_\_\_\_

Is the organization a registered 501C3?: Yes \_\_\_ No \_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Eve. Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website address (if applicable): \_\_\_\_\_

Product or service to sell or display: \_\_\_\_\_

Company name (as you want it to appear in Festival Guide): \_\_\_\_\_

Number of 10' x 10' tents needed (2<sup>nd</sup> may be added for an additional \$250 and includes two tables, 2 chairs): please check: One \_\_\_\_\_ or Two \_\_\_\_\_

Enclosed is my deposit check # \_\_\_\_\_, for \$300, to reserve Exhibitor tent space at Taste of Hudson 2008.

Enclosed is my check # \_\_\_\_\_, for \$200 to reserve a table in the Community Non-Profit Organization Tent.

Or, \_\_\_ MasterCard \_\_\_ VISA # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

(Please read the following page regarding liability insurance that is required of all restaurants, vendors and on-site exhibitors at Taste of Hudson. Please sign acknowledgment that you will provide proof of such coverage).

I agree to provide proof of insurance as requested by the City of Hudson and Taste of Hudson as shown on pages three and four of this Exhibitor Tent Application.

\_\_\_\_\_ for \_\_\_\_\_  
Your signature

Date: \_\_\_\_\_