

Newport Restaurant Week Event Registration Form

Create a live cooking demonstration, rum tasting or other culinary experience in your restaurant or business. Fill out the information below and we'll post it on GoNewportRestaurantWeek.com and include it in marketing materials. Please contact us if you need some help in creating an event!



Name of Exhibit or Event:

Host Organization/Business:

Address:

Website: _____ Phone: _____

Cost of Event: _____ Date of Event: _____ Time of Event: _____

Description of Exhibit or Event:

List Any Additional Information or Restrictions:

Name of Contact (not published):

Contact Phone Number (not published):

Contact E-Mail Address (not published):

please mail or fax back to:

Ellen Crawley

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Fax: 401-849-0291

by September 20, 2010