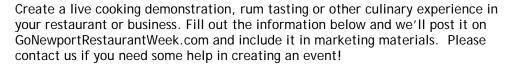
Newport Restaurant Week Event Registration Form





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:

Newport & Bristol CVB, 23 America's Cup Ave, Newport, Rhode Island 02840 Fax: 401-849-0291

by September 20, 2010