

2016 FOODIST AWARDS

PARTNERSHIP AGREEMENT FORM

Name _____

Phone _____ Fax _____

Email Address _____

Organization _____

PARTNERSHIP PACKAGE:

Single Ticket (\$150)

Table – seats 8 (\$995)

Level Presenting Gold Silver Bronze Table Center Price _____

Partnership Details _____

Please Check Appropriate Box:

- I have enclosed a check payable to The Arizona Restaurant Association.
- Please send me an invoice.
- Please call for credit card information.
- Please bill the credit card provided below.
 - Visa MasterCard American Express Discover

Name on Card _____

Account Number _____

Expiration Date _____

Signature _____ Date _____

We appreciate your support and remind you that a portion of your donation is TAX DEDUCTIBLE. For your records, the tax ID number for The Arizona Restaurant Association is 86-0599958. Please consult your tax advisor for specific tax deductibility

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