WINERY • Registration for Cambria Art & Wine Festival

January 28, 29 & 30, 2011

To ensure recognition in the program this form Must be submitted No Later Than 01/05/10

The earlier you register, the more frequently your business name will appear in Event Advertisements.

The more you are involved & the earlier you sign on the more exposure your winery will receive.

All openings are FIRST COME FIRST GUARANTEED space is limited and does fill long prior to the event.

- Sign Up for the Wine Pour Saturday, January 29, 1:00 to 4:30 p.m. in the Veterans' Hall (West Village) OR Cambria Historical Museum (East Village - AND/OR Sunday January 30 10:00 to 2:00 in the Veterans' Hall
- Purchase an ad in the Souvenir Event Program (exposure to all event guests)
- Donate prizes for the event (Additional listing in the program, recognition at Kick-Off Party & All Event Venues)

YES we want to participate in the 2011 Cambria Art & Wine Festival.

Winery Name_____

Contact_____ Phone_____ Fax _____

Mailing Address_____ City/Zip_____

Physical Address_____ City/Zip_____

(for publication in the program)

Email_____Web Site Address_____

to be posted on the event webpage.

WINE TASTING (NO PARTICIPATION FEE) (spaces limited, 1st come)**:**

Items supplied are: Dump Bucket, Table Cloth & Water. Ice available upon request prior to the event. ☐ Will need ice.

☐ **Saturday Wine Tasting Booth** in the **Veterans' Hall** or ☐ **Cambria Historical Museum**, 1:00 p.m. - 4:30 p.m.

☐ **Sunday Wine Tasting Booth in the Veterans' Hall** at the Artists' Faire 10 a.m. - 2 p.m.

☐ *We are interested in being considered for the Friday Night Food & Wine Pairing, contact us to discuss options & availability.*

Please email images of your current Wine Labels to be enlarged and mounted on venue walls. nancy@mckarney.com or drop off to Chamber of Commerce (767 Main Street) to be scanned.

☐ I have arranged to **pour at a local business** on Friday and/or Saturday. Please ensure my name is included in the program along with that business. Business name: _____

RAFFLE PRIZE DONATION:

☐ I have a raffle prize to donate to the event: ☐ Please pick up from my business. ☐ I will bring to the Chamber

PROGRAM ADS all event participants are given a program to use for access to each venue.

Full Page	Half Page	Quarter Page
☐ $160 Chamber Member	☐ $110 Chamber Member	☐ $80 Chamber Member
☐ $320 Non-Chamber Member	☐ $220 Non-Chamber member	☐ $160 Non-Chamber member

SPECIAL PROGRAM AD OFFER:

☐ Quarter Page Ad in exchange for a donation of six bottles of wine.

To ensure proper recognition please fill in this form completely

Drop off or mail to: The Cambria Chamber • 767 Main Street • Cambria, CA 93428 - Fax: 927-9426 • Confirmations will be sent to all applicants

Please make checks payable to: Cambria Chamber of Commerce

TOTAL $_____ ☐ Check Enclosed ☐ MC ☐ Visa Card #_____ Expires:_____

Name on Card: _____Signature (name entered here validates your order):_____

FOR MORE INFORMATION: 927-3624 or Nancy McKarney, Event Chairman 927-0491 * nancy@mckarney.com (Art & Wine in Subject line)

Office Use Only:

Date Paid: _____ Payment Type: ☐ Credit Card Date Entered_____ ☐ Check # _____ Faxed to Nancy on _____