



Participant Agreement

I/we agree to participate as a tasting station vendor in Chef Fest 2023 on February 2, 2023.

Restaurant Name: _____

Contact Name: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____

I prefer to be reached by: Phone Email

I/We will contribute a minimum \$25 gift certificate from the participating establishment to the EMH Foundation for use via drawing and/or raffle.

*Completion of this form secures your spot at Chef Fest.
Please return this form by December 9, 2022 to:*

Blair Williams
Elmhurst Memorial Hospital Foundation
155 E. Brush Hill Road
Elmhurst, IL 60126
Phone: 331-221-4483
Fax: 331-221-3784
Email: Blair.Williams@EEHealth.org