



**Food & Beverage Participant Form**  
**October 3, 2024, 5:00 – 9:00pm, Carmel Mission**  
*Registration deadline: July 31st, 2024 or until full.*

Showcase your restaurant or wine/beverage to over 600 local food and wine enthusiasts at the most anticipated culinary celebration of the year. Space is limited!

**Food & Beverage Participants Receive:**

- Business name and link on the Taste of Carmel event website.
- Inclusion as a participant in event eBlasts.
- Cross-promotion on social media channels (Instagram & Facebook).
- One (1) 6' banquet table for with linen.
- Two (2) bags of ice.
- Paper goods for service: plates, flatware, and wine glasses.
- Staff tickets: three (3) for all participants.
- Discounted general admission tickets can be purchased in advance for \$75.00/each. Limit three (3) per participant. Contact Kimberlie in the Chamber offices to purchase, [membership@carmelchamber.org](mailto:membership@carmelchamber.org), (831) 624-3876.

**Housekeeping Notes:**

- Participants to provide tastings for 500 people.
- Staff tickets will be available at F&B Participant Check-in with your table assignment and other materials.
- Power is limited. If you anticipate needing power, please contact us ASAP.
- Load-in will begin at 1:00pm on 10/3.
- You must be self-contained and take your trash with you.
- Once your registration is received and approved, you will receive an email request to upload your proof of business liability insurance and logo.
- Required walkthrough of event space on 10/2 in the afternoon. Time will be emailed to you two weeks prior to event.

**Questions? Please contact**  
**Kati Enea, [execdir@carmelchamber.org](mailto:execdir@carmelchamber.org), (831) 624-3877**  
**Ken Spilfogel, [kspilfogel@gmail.com](mailto:kspilfogel@gmail.com), (831) 601-8444**

**2024 TASTE OF CARMEL  
FOOD & BEVERAGE PARTICIPANT FORM**

Type of Participant: ( ) Food ( ) Beverage

Name of Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Best Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Preferred method of communication: ( ) Phone ( ) Email ( ) Text

Any special table request : \_\_\_\_\_

**Service Plan for Health Dept. (required for Restaurants only)  
Please describe how you will transport and maintain food quality.**

---

---

---

---

---

---

---

---

---

---

Would you like to participate in donating an auction item? ( ) YES ( ) NO

Name of Item: \_\_\_\_\_

Description: \_\_\_\_\_

Value: \_\_\_\_\_

**EMAIL FORM TO EXECDIR@CARMELCHAMBER.ORG  
REGISTRATION DEADLINE: JULY 31st, 2024.**