

*Join the Canton Chamber, Canton Township and Canton's DDA
as we continue to celebrate over 42 years
of helping businesses network in the local community!*



October 19, 2017 • 3:00 pm - 7:00 pm

Summit on the Park

46000 Summit Parkway, Canton, MI 48188

During the Consumer Expo, your Restaurant will:

- Offer Consumers Sample portions of food
- Connect with potential customers
- Promote your restaurant and services
- Make valuable contacts and sales opportunities
- Learn more about other Chamber Businesses
- Have Fun!

Restaurants are expected to provide sample portions of food to consumers and provide a door prize valued at \$25. Door prizes will be drawn at your booth during the Business Expo. Each Exhibitor will gain special recognition during the drawing of their door prize. One prize per person.

- First 10 Chamber member Restaurants will receive a booth at no-charge provided they offer sample portions of food to consumers. Additional Restaurants and non-chamber restaurants will be required the regular booth fee of \$80.00
- Applications will be accepted on a first come/first serve basis (limited space).
- Please note distribution of campaign literature is prohibited.
- Registration form on back.
- If you did not purchase a booth space, you will not be allowed to solicit or pass out literature during the event.

Schedule of Events for Thursday October 19, 2017

- Noon to 3 pm Exhibitor Set-Up
- 3:00 pm - 7:00 pm 2017 Consumer Expo is "Open for Business" to everyone.
- 7:00 pm - 8:00 pm Consumer Expo closes and exhibitor displays are removed from the Summit.



CHAMBER MEMBER RESTAURANT APPLICATION

Consumer Expo ~ October 19, 2017

Company: _____ Contact Person _____

Address: _____ City _____ Zip _____

Phone: _____ Cell: _____

Fax _____ E-mail: _____

Booths will be assigned on first come, first served basis. Additional Restaurants may participate but will be charged the regular booth charge of \$80.

Chamber member Restaurant (limit 10 Restaurants)	Booth Space (No Charge)	_____
Electric	Yes _____	No _____
		Total _____

Type of Sample Food/Drinks you will offer _____

Payment Information:

____ Check Enclosed ____ Invoice (members only) ____ Visa ____ MC ____ Discover

Credit Card # _____ Zip Code _____

Billing Address _____

Signature (required for Credit Card) _____ Exp. Date _____

Submit your application by mail to:
Canton Chamber of Commerce
45525 Hanford ~ Canton, MI 48187