Thank you for your interest in participating in the Delaware Restaurant Association’s 4th Annual Restaurant Resolutions Education Symposium. Our members in attendance will hear from leaders in our industry and community on topics vital for success. Sponsorship and exhibitor participation will put you directly in front of restaurant owners and managers who are often the sole decision makers in their businesses. Event invitations will be mailed to over 2,500 industry members throughout Delaware.

SPONSORSHIP OPPORTUNITIES:

☐ **Title Sponsor: $10,000**
  - *Company named as sole title sponsor of event*
  - *Exclusive opportunity for break-out session presentation*
  - Logo shown prominently on welcome banner, invitations, all signage and promotional materials
  - Exhibitor table to display products and information during the event
  - (4) complimentary tickets to the event and following Annual Membership Luncheon
  - List of attendees with contact information

☐ **Event Sponsor: $5,000**
  - *Brief introduction during Annual Membership Luncheon Presentation*
  - Logo shown prominently on welcome banner, invitations, all signage and promotional materials
  - Exhibitor table to display products and information during the event
  - (2) complimentary tickets to the event and following Annual Membership Luncheon
  - List of attendees with contact information

☐ **Session Sponsor: $2,500**
  - *Brief Introduction during one break-out session*
  - Logo shown prominently on welcome banner, invitations, all signage and promotional materials
  - Exhibitor table to display products and information during the event
  - (2) complimentary tickets to the event and following Annual Membership Luncheon
  - List of attendees with contact information

☐ **Breakfast or Lunch Sponsor: $1,500**
  - Logo shown prominently on welcome banner, invitations, all signage and promotional materials
  - Exhibitor table to display products and information during the event
  - (2) complimentary tickets to the event and following Annual Membership Luncheon
  - List of attendees with contact information
Exhibitor Tables:
Exhibiting Allied Members will have a unique opportunity to present information and speak directly to restaurant owners and staff. There will be a limited number of display tables to allow maximum interaction time.

▸ Applications are processed on a first come, first serve basis.
▸ Exhibitors will receive one (1) skirted eight (8) foot table in the main Symposium area.
▸ Tables must be set-up before 8:30am and taken down following the Luncheon at 2pm.

☐ Exhibitor Fee:
  o $325.00 DRA Members (1 table and 1 complimentary ticket to Annual Luncheon)
  o $425.00 Non DRA Members (1 table and 1 complimentary ticket to Annual Luncheon)

*Provide a list with the names of these additional attendees before the event.

Contact Information
Company Name: ____________________________________________________________

Contact Person: _______________________________________________________________________

Phone Number: ________________________________________________________________

Email Address: __________________________________________________________________________

Address: ____________________________________ City: ______________ Zip: __________

Special Request(s) (Need electric, etc.?): ___________________________________________________

Payment:
Full payment must be enclosed with this form and sent in **prior to Monday 30th January 2014** to guarantee your reserved spot. Exhibitor/Sponsor agrees that acceptance of this application, constitutes a contract between the aforementioned parties and the DRA, contingent upon available space.

▸ For payment by check, please return this form along with payment. Make checks payable to Delaware Restaurant Association. Mail to: Delaware Restaurant Association, PO Box 8004, Newark, DE 19714

▸ For payment by credit card, please complete the information below:

  Charge to: AMEX, Master Card, Visa *(circle one)*

  Cardholder’s Name: ____________________________________________________________________

  Card Number: _______________________________________________________________________

  Card’s Billing Address: ____________________________________________________________________

  City: ________________________________ Zip: ___________ Expiration Date: ___________

*Please contact the DRA at (302) 738-2545 with any additional questions. We look forward to seeing you there!*