



# Greater Williamsburg CHAMBER & TOURISM ALLIANCE<sup>SM</sup>

## 2012 TASTE OF WILLIAMSBURG

*"It's All In Good Taste!"*

A perfect opportunity to showcase your business at the premier tasting event of the area.

<b>\$700 Golden Gourmet</b>	<ul style="list-style-type: none"> <li>• <b>Recognition</b> in <u>Outlook</u> Newsletter, event sponsor board and pre-event publicity.</li> <li>• <b>Five invitations</b> to a special <b>VIP Sponsor Reception</b>.</li> <li>• <b>Participate</b> in the selection of the <b>"Toast of the Taste" Sponsor's Award</b>.</li> <li>• <b>Five complimentary tickets</b> for event.</li> <li>• <b>Recognition</b> in Annual Member Resource Directory.</li> </ul>
<b>\$350 Silver Palate</b>	<ul style="list-style-type: none"> <li>• <b>Recognition</b> in <u>Outlook</u> Newsletter and event sponsor board.</li> <li>• <b>Two complimentary tickets</b> for event.</li> <li>• <b>Recognition</b> in Annual Member Resource Directory.</li> </ul>

The nineteenth Annual Taste of Williamsburg will be held on Wednesday, March 28, 2012, 6:00 – 8:00p.m. at the **Crowne Plaza Williamsburg at Ft. Magruder**. The event features **Williamsburg area restaurants** presenting their chef's favorite recipes. Proceeds from the event go toward Alliance programs that include education and business enhancement.

The Taste of Williamsburg Committee, chaired by Wilson F. Skinner, Jr. with the Law Office of Skinner & Skinner, is currently accepting sponsors. For more information, call Sherri Walker at 476-7323.

**Yes!** My business would like to benefit from promotion associated with this event and become a cash sponsor as indicated below:

**\$700 Golden Gourmet**

**\$350 Silver Palate**

**Business Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CREDIT CARD PAYMENT – TYPE OF CREDIT CARD:**

**Visa**

**MasterCard**

**American Express**

**Discover**

**Print Name:** \_\_\_\_\_

(as it appears on card)

**Company Name:** \_\_\_\_\_

(on card, if applicable)

**Card Number:** \_\_\_\_\_ **CVV#** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

**Return this form** with check made payable to: **GWCTA  
Taste of Williamsburg**

Greater Williamsburg Chamber & Tourism Alliance  
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FAX# 229-2047