



2020 Visitors Guide

Dining Guide Contract

Dining Guide Deadline: September 6, 2019

Listings in the Dining Guide are available for **\$265 per restaurant**. The Dining Guide will appear in the Dining section of the 2020 Visitors Guide. Visitors will have the opportunity to see "at a glance" what your restaurant has to offer. Space is limited and all Dining Guide Listings will be processed on a first-come, first-served basis. **Deadline: September 6, 2019.**
Please submit one form per restaurant business.

RESTAURANT LISTING INFO (print **exactly** as you want it to appear in the Guide): **REPEAT SAME LISTING FROM 2019 GUIDE**

Restaurant Name: _____

Physical Address: _____ Phone #: _____

Website: _____ Credit Cards Accepted: YES NO CASH ONLY

Type of Cuisine: _____

BREAKFAST *Price Range _____ Hours/Days Served _____

LUNCH *Price Range _____ Hours/Days Served _____

DINNER *Price Range _____ Hours/Days Served _____

ENTERTAINMENT Days of Week _____ Circle all that apply: Karaoke Live Music DJ Dancing

BANQUET ROOM # of Guests (range) _____ *please round price ranges to nearest dollar

OPTIONS	BAR/COCKTAILS	PATIO SEATING	RESERVATIONS	PET FRIENDLY	DELIVERY
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Full Bar <input type="checkbox"/> No Bar	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Patio	<input type="checkbox"/> Yes
<input type="checkbox"/> Vegan	<input type="checkbox"/> Wine <input type="checkbox"/> Beer	<input type="checkbox"/> No	Parties of _____ or more	<input type="checkbox"/> No only	<input type="checkbox"/> No

TOTAL DUE
 RESTAURANT \$265: \$ _____

DEADLINE: SEPTEMBER 6, 2019

PAYMENT: CHECK MC VISA

CREDIT CARD # _____

EXP. DATE _____ 3 or 4 DIGIT SECURITY CODE _____

NAME ON CARD _____

BILLING ADDRESS _____

SIGNATURE _____

Checks payable to: Catalina Island Chamber of Commerce
All payments must be received prior to print production.

I hereby agree to the purchase of an Dining Guide Listing as indicated above, in the 2020 Catalina Island Visitors Guide, under the Terms and Conditions of this contract (see below).

COMPANY NAME _____

CONTACT PERSON _____

SIGNATURE _____ DATE _____

BILLING ADDRESS _____

PHONE _____ EMAIL _____

MAIL or eMail CONTRACT & PAYMENT TO: mwarner@catalinachamber.com
 PO Box 217, Avalon, CA 90704 (or drop contract/payment at the CICCVCB Visitor Center on the Green Pleasure Pier, or fax to 310-510-7607)

QUESTIONS? Michelle Warner: mwarner@catalinachamber.com, 310-510-7653

TERMS & CONDITIONS: The publisher of the 2020 Visitors Guide and its authorized agents shall not be liable to the advertiser for delays in publications or damages resulting from failure to include all or any of said items of advertising in the Guide or from errors in the advertising printed in the Guide in excess of the agreed price for such advertising for the issue in which the error or omission occurs. If legal or any other action must be instituted for collection of any amount unpaid on this agreement the advertiser agrees to pay in addition thereto, all such collection costs involved, including but not limited to attorney's fees, collection agency costs and legal interest. Advertisers and/or their agents assume complete liability for all content of printed ads and also assume responsibility for any and all claims arising there from made against the publisher, and their authorized agents, agreeing to hold them harmless.

FOR OFFICE USE ONLY: Invoice # _____ Date Contract Rec'd: _____ Date Payment Rec'd: _____