



2016 FARM-TO-CHEF WEEK

Sample and savor the state's local flavor

September 18-24, 2016

REGISTRATION FORM

Please use a separate form for each participating location

Company Name: _____

Street Address : _____
(please list the physical address of the Farm-to-Chef dining location)

City, State, Zip: _____

Phone: _____

Website: _____

Contact Name: _____

Phone: _____

Email: _____

I have read and understand the 2016 Farm-to-Chef Week guidelines. I agree to abide by the following:

- All menu requirements
- Listing sourcing farms on the menu and additional promotion of sourcing farms
- Submission of Farm-to-Chef Week menu page link and sourcing farms/promotion information by 9/11/16
- Posting of Farm-to-Chef Week menu on specified web page by 12:01 a.m. on 9/18/16
- Reporting by 10/05/16 of the amount of CT Grown used and number of Farm-to-Chef meals served

Signed: _____ Date: _____

Print Name: _____

Return this form and a check payable to the **Connecticut Department of Agriculture, SID 35450**
(\$25 if registering by 7/31/16; \$50 if registering between 8/1/16 and 8/19/16) to

CT Farm-to-Chef Week Registration
Connecticut Department of Agriculture
165 Capitol Avenue, Room 127
Hartford, CT 06106

Registration fees are non-refundable.

