



PARTICIPANT CONTRACT

TASTE OF HUDSON 2008: A BENEFIT FOR THE BABIES HOSTED BY HUDSON CRADLE THURSDAY, APRIL 17, 2008 SAMPLING RECEPTION

Hudson Cradle agrees to provide the chef with the following:

The Chef/Establishment will be listed as a participant of Taste of Hudson 2008 in press releases issued in all broadcast and print media in Hudson Cradle's marketing areas.

The Chef/Establishment will be featured in printed materials in conjunction with the event to include journal, and other promotional material.

The Chef/Establishment will receive a full page in the event's souvenir journal (valued at \$400), which will include information on the Chef and/or restaurant and the auction package. Chef is responsible for providing information and/or print-ready ad.

The Chef/Establishment will be named in interviews by Hudson Cradle and event volunteers as a participant.

Hudson Cradle will furnish two six foot draped tables (one prep/one display) and a sponsor sign featuring the Establishment's name.

The Chef/Establishment agrees to provide Hudson Cradle with the following:

Be in attendance the night of Taste of Hudson 2008 (April 17, 2008). Event begins promptly at 6:00 p.m. Chef/establishment set-up is between 4:00 p.m. and 5:15 p.m.

Donate and prepare a sampling of specialty for 300-350 persons attending the reception. Thirty to forty chefs will be participating. Equipment for serving should also be provided by the chef/establishment.

Use of Chef/Establishment name and/or logo for materials used in conjunction with the event.

Consider also donating a gift certificate to be used as part of the evening's prize drawing.

PARTICIPANT CONTACT (CON'T.)

**TASTE OF HUDSON 2008: A BENEFIT FOR THE BABIES
HOSTED BY HUDSON CRADLE
THURSDAY, APRIL 17, 2008
SAMPLING RECEPTION**

I, _____, an authorized representative of stated

Establishment, _____, agree to the terms of this contract.

(Signature)

(Date)

(Establishment name as you wish it to appear on your sign)

(Contact name, if different than above/Phone Number)

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email _____

My establishment will provide the following items: _____

Do you require electric: _____

Please note only two tables (one for display, one for prep) will be provided to each restaurant.

Please submit by March 28, 2008.

Please return or fax to:

Hudson Cradle
1805 Kennedy Boulevard
Jersey City, New Jersey 07305
(201) 332-7879 (Telephone)
(201) 435-6698 (Fax)
tasteofhudson@aol.com