



_____ Yes, I want to participate in the **SOLON FOODIE FEST**

Restaurant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact _____ Email _____

Discount with description _____

PLEASE RETURN BY OCTOBER 15TH TO:
SOLON CHAMBER OF COMMERCE
6240 SOM CENTER RD., #110 SOLON OHIO 44139
STAFF@SOLONCHAMBER.COM
FAX: 440-248-9121