



FY 23/24

Explore Charleston

ADVERTISER INFORMATION

Restaurant Name: _____

Contact Name: _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Website: _____

SEPTEMBER RESTAURANT WEEK (SEPTEMBER 7-17, 2023)

\$150.00

Yes, I would like to participate in September Restaurant Week and pay the \$150 fee and \$150.00 worth of gift certificates. (You may either drop them off at 375 Meeting St. or mail them to Kristal Blumenstock at 375 Meeting St., Charleston, SC 29403)

JANUARY RESTAURANT WEEK (JANUARY 11-21, 2024)

\$150.00

Yes, I would like to participate in January Restaurant Week and pay the \$150 fee and \$150.00 worth of gift certificates. (You may either drop them off at 375 Meeting St. or mail them to Kristal Blumenstock at 375 Meeting St., Charleston, SC 29403)

GRAND TOTAL: \$ _____

**Please note: Membership must be current.*

CREDIT CARD INFORMATION

Credit card: Visa MC AMEX Discover

Card #: _____

Expiration date: _____ Three-digit security code: _____

Billing address: _____

Print name: _____

Signature: _____

Note: This contract serves as an agreement between your business and the Charleston Area Convention & Visitors Bureau.

SEE REVERSE FOR PARTICIPATING CHECKLIST

PARTICIPATING CHECKLIST

- Current FY23/24 Explore Charleston Membership
- Send menu to Kristal Blumenstock kblumenstock@explorecharleston.com.
If received by August 15, will receive an individual static ad for social media.
- Send signed application, along with \$150 payment, to Kristal Blumenstock, 375 Meeting Street,
Charleston, SC, 29403
- Send \$150 worth of gift cards to Kristal Blumenstock, 375 Meeting Street, Charleston, SC 29403
This can be (3) \$50 gift cards, (2) \$75 or (1) \$150