



FY 24/25

Explore Charleston

ADVERTISER INFORMATION

Restaurant Name: _____

Contact Name: _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Website: _____

JANUARY RESTAURANT WEEK (JANUARY 9-19, 2025)

\$150.00

___ Yes, I would like to participate in January Restaurant Week and pay the \$150 fee as well as \$150 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)

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.

Authorized Signature: _____

Date: _____

SEE REVERSE FOR PARTICIPATING CHECKLIST

PARTICIPATING CHECKLIST

_____ Current FY24/25 Explore Charleston Membership

_____ Send menu to Kristal Blumenstock kblumenstock@explorecharleston.com.

_____ 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