

2009 Culinary Tourism Business Survey

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Fax : (____) _____

Email: _____

Website (required): _____

Check all areas that apply and provide a **brief description** for events, festivals and classes. Events, festivals and classes that highlight Massachusetts grown or produced products or benefit an agricultural group will be given special consideration.

Ethnic Market Tour & Sampling: _____ Max # you can accommodate

Brewery Tour & Sampling: _____ Max # you can accommodate

Food Production Tour & Sampling: _____ Max # you can accommodate

Special Dinner/Culinary Event: **When:**

Culinary/Wine Festival: **When:**

Culinary/Wine Class: **When:**

Please return to **Julia Grimaldi, Department of Agricultural Resources**
251 Causeway St., Suite 500, Boston, MA 02214 or by fax to 617-626-1850, Attn: **Julia Grimaldi**