



**Chef Registration 2017 Trio
Dinner**

Monday, April 24, 2017
6:30 PM

Sheraton Myrtle Beach Convention Center Hotel



Name of Chef: _____

Restaurant: _____

Restaurant Liaison/Point Person: _____

Restaurant Address: _____

Phone: _____ Cell: _____

Email Address: _____

Forward your picture, logo of restaurant and bio of chef and restaurant to jeffrey.wisniewski@mbhospitality.org to promote on www.TrioDinner.com.

Best Available Times for prep and production work:

Sunday, April 23rd: _____

Monday, April 24th: _____

What items will you serving? At least 2 items must be prepared with one item featured in the Trio Dinner "Best Dish" competition.

ITEM #1: _____

ITEM #2: _____

ITEM #3: (OPTIONAL) _____

Which item will be your "Featured Dish" for the competition?

FEATURE ITEM: _____

Chef's Signature:

Date signed:

Please return signed form to: Myrtle Beach Area Hospitality Association PO Box 1303, Myrtle Beach, SC 29578 Phone: 843-626-9668, Fax: 843-448-8143, MBAHA@MBHospitality.org