



**CAPE COD HYDRANGEA FESTIVAL
EVENT PARTICIPATION
July 12 - 21, 2019**

Organization: _____

Address: _____

Telephone: _____

Website: _____

Contact person: _____

Contact mailing address: _____

Contact telephone: _____

Contact email: _____

EVENT PARTICIPATION

Title of program or event: _____

Type of program (lecture, tour, demonstration, etc.): _____

Date of program: _____

Time of program: _____ **Cost (if event is not free):** _____

Location of program: _____

Brief description: _____

\$50.00 Prticipation Fee per Non-Profit for Cape Cod Chamber Non-Members

__ Check, mail a check to 5 Patti Page Way, Centerville, MA 02632

__ Credit Card: __ AMEX __ VISA __ MASTERCARD

CREDIT CARD # _____

Expiration: _____ Sec. Code: _____

Email GRETA@CAPECODCHAMBER.ORG with any questions.