



S o d o

NOVEMBER 6, 2010



Event Overview

Date: November 6, 2010

Time: 12:00pm – 8:00pm

Expected Attendance: 2500 – 3000

Vendors: 35 – 40 vendors

Entry Fee: Free Admission

Additional cost: Food: \$2 – \$5 per plate
 Entertainment: Included
 Children Activities: Included
 Additional Activities: Included

Description:

Flavor of Orlando is bringing together over 25 of Orlando’s favorite food venues, 3 bands (Jazz, blues and classic rock) and local artist to create a fun filled event for the entire family. For the little ones, we will offer children’s activities. Live entertainment will be played throughout the afternoon and local artist will display their work for the patrons to preview (art will be able to be purchased). There will also be a chef competition among local restaurant chefs in which the winner will be presented with an award.

Attendee Demographics:

Gender

Male44%
 Female56%

Age

58% are between the ages of 27 and 44.

21-26 2.3%
 27-44 58.1%
 45-59 20.9%
 60+ 18.6%



2010 Vendor Space

Please join SODO and MyCityEats and Entertainment in supporting this great event. A portion of funds raised will benefit The Howard Phillips Center and Downtown South.

Non-Food Vendor: \$500

- 10 X 10 exhibit space at event
- One (1) 10 x 10 Tent
- One (1) 6 foot table and two chairs
- Two (2) invites to our VIP reception
- Two (2) VIP parking passes
- Recognition during all event announcements
- A Flavor of Orlando commemorative item

Food Vendor: \$100 **(60/40 revenue share on all food sales)**

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For more information please call 321-293-0297 or email at sponsor@flavoroforlando.com

In-Kind Sponsor: If your company is willing to donate items, we may be able create a sponsorship package that is appropriate based on your in-kind contribution.



SPONSORSHIP COMMITMENT FORM

We (the Company/Organization) commit to sponsor the event, "The Flavor of Orlando" scheduled November 6, 2010 at SODO Orlando, FL, at the level indicated below.

Non-Food vendor \$500 Food Vendor \$100 (60/40 revenue share on all food sales)

SPONSOR INFORMATION

Corporate Name (as it should appear on exhibit materials) _____

Street Address _____ City _____

State _____ Zip Code _____ Website Address for Link _____

Contact Name _____ Title _____

Phone _____ Fax _____ Email _____

Category _____

Describe Business _____

Please email one color and one black and white version of your corporate logo to admin@mycitypublications.com

METHOD OF PAYMENT Your donation to The Flavor of Orlando is tax deductible to the fullest extent of the law.

Enclosed is a check for \$ _____, payable to Global Marketing.com, Corp.

Please charge \$ _____ to the following credit card: Visa MasterCard American Express

Cardholder Name _____ Account Number _____

Expiration Date _____ Authorizing Signature _____

Please send an invoice for \$ _____ to: Address Given Above Separate Billing Address, Below:

Bill Recipient _____ Street Address _____

City _____ State _____ Zip Code _____

CERTIFICATION OF COMMITMENT

On behalf of the Company/Organization, I certify that we commit to sponsor the event "The Flavor Orlando".

Signature _____ Date _____

Printed Name _____ Title _____

Please mail this form to MyCityEats, Attn: Flavor of Orlando; 2295 S Hiwassee Rd., Suite 207 Orlando, FL 32835 or fax to 1-866-681-8091, Call 321-293-0297 or email admin@mycitypublications.com