



## Designer Information Form

Please complete & return to your Table Coordinator. List any additional information on the reverse. Dining by Design is Thursday, November 2, 2017, at the Casa de Amistad in Harlingen.

### Designers' Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional Designers on back

### Table Information:

Table Name: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Table Description: \_\_\_\_\_

Color Scheme: \_\_\_\_\_ Main Items/Props: \_\_\_\_\_

A 5"x7" card with your table name and designer(s) name(s) will be provided. If you would like a decorative one, please provide your own.

### Design Specifics:

TABLE:  I will provide my own table. The dimensions are: \_\_\_\_\_  
 a 60" round table (seats 8 people)     a 72" round table (seats 8-10 people)     # of 2.5' x 8' rectangular table(s) (depending on size)

CHAIRS:  I will provide my own chairs.  
 I will use the standard metal chairs provided by the Casa de Amistad.  
Number needed: \_\_\_\_\_

OTHER:  I would like access to electricity.     I would like to have a wall.  
Overall floor space: \_\_\_\_\_    Overall height: \_\_\_\_\_

Dining by Design will make every effort to accommodate your requests, but cannot guarantee anything.

### Table Sales:

My table will be underwritten by: \_\_\_\_\_ Amount: \_\_\_\_\_

I will be responsible for selling my **complete** table.

I will sell \_\_\_\_\_ (#) seats at my table. The Committee may sell \_\_\_\_\_ (#) seats at my table.

I would like the Dining by Design Committee to sell my **complete** table.

### Table Guests:

- |          |            |           |            |
|----------|------------|-----------|------------|
| 1. _____ | paid _____ | 7. _____  | paid _____ |
| 2. _____ | paid _____ | 8. _____  | paid _____ |
| 3. _____ | paid _____ | 9. _____  | paid _____ |
| 4. _____ | paid _____ | 10. _____ | paid _____ |
| 5. _____ | paid _____ | 11. _____ | paid _____ |
| 6. _____ | paid _____ | 12. _____ | paid _____ |

Additional Guest names on back. Please make checks payable to the American Cancer Society.