



Sampling Information Form

Name: _____

Booth #: _____

Company: _____

Phone #: _____

Event: _____

FAX: _____

Event Dates: _____

E-mail: _____

Please describe the core business and/or product lines or service typically sold by your company:

Do you and/or your company directly represent this product:

_____ Yes

_____ No

Please describe product to sampled:

Portion Size/Sampling Method:

Will you be SELLING product?: _____ Yes

_____ No

Please keep in mind that any product vended on the showfloor must be packaged for off-premise consumption...

(Please describe size, package & price or attach appropriate information)

Signature

Date

Please remit to:

Centerplate Catering

700 14th Street

Denver, CO 80202

FAX: (303) 228-8054