

Food Sampling Information Form

Exhibitors that will be selling food from their booths are required to complete and return this form to Centerplate

Name:		Booth#:
Company:		_ Phone #:
Event:	Colorado Fall Home Show	_ Fax:
Event Date:	September 20 -22, 2019	_ E-mail:
Please de	escribe the core business and/or product lines or serv	ice typically sold by your company:
	nd/or your company directly represent this product: escribe product to sampled:	🗖 Yes 🗖 No
• Portion Si	ize/Sampling Method:	
-	be SELLING product?:	

Please remit to: Centerplate 700 14th Street Denver, CO 80202 FAX: (303) 228-8054

Center**plate**

Date

Signature