



Sampling Information Form

Please Read and Review All Food And Beverage Sampling and Donation Policies Before Submitting Sampling Request 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 produce or make this product/s:

_____ Yes

_____ No

Please describe product to sampled:

Portion Size/Sampling Method (Limited to 4oz beverage portions & 2 oz food portions) :

Please Note: Selling Of Product must be done in accordance with Colorado and City of Denver Laws

Please remit to:
Centerplate Catering
700 14th Street
Denver, CO 80202
FAX: (303) 228-8212

Signature

Date

INTERNAL USE ONLY:	Approved By:
Approved (Circle): YES	NO
Comments:	