

VENDOR SAMPLE REQUEST FORM

| BUISNESS NAME | CONTACT NAME | |
|---|---|--|
| BUSINESS PHONE | CONTACT PHONE | |
| SHOW NAME | SHOW DATE | |
| MULTIPLE DAY SHOWYESNO | SAMPLING FROM | TO |
| Sample sizes are limited to 4 oz of beverages and 2 oz of for produces the requested sampling item. Sampling is permitted. | | sampling may take place in any other space at |
| DESCRIPTION OF SAMPLE | | |
| DISTRIBUTION METHOD | | |
| DISTRIBUTION SAMPLE TEMPERATURE | | |
| IF, YOUR SAMPLE IS SERVED HOT/COLD, HOW YOU DO |) PLAN TO MAINTAIN ITS TEMPERATURE | ? |
| | | |
| HOW MANY ITEMS DO YOU EXPECT TO SAMPLE OVER | THE COURSE OF THE SHOW? | |
| MISC INFO | | |
| Once sample item has been approved by Boston Culinar exclusivity to product sampling and the vendor recognizes the By requesting permission to sample the vendor assumes a Culinary Group will not receive, transport, or store any of refrigeration, freezers, s | nat, in some cases, BCG will grant permissic all liability for any and all injury or foodbourn | on for multiple vendors to sample the same item e Illness caused by their sample item. Boston ed to use of the any of the building's kitchens, |
| VENDOR SIGNATURE | | DATE |
| SAMPLE WAS APRROVED BY, | ,BOSTON CULINARY | GROUP DATE |
| Please submit form to: | | |

Please submit form to:
Boston Culinary Group, Inc.
MassMutual Center
1277 Main Street
Springfield, MA 01103
413 746-4449

