



2024 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 Products for On-Site Consumption is NOT allowed.

Please contact your catering sales manager with questions

Please email complete form to your Catering Sales Manager

Tyrin Register
Tyrin.Register@sodexo.com

Signature

Date

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