

M CULINARY @ WESTWORLD SAMPLING REQUEST FORM:

Company Name: _____

Company Billing Address: _____

Contact Name (person filling out the form): _____

Phone Number (person filling out the form): _____

E-mail Address (person filling out the form): _____

Onsite Contact Name: _____

Onsite Contact Phone Number: _____

Booth Number (if known): _____

Food to be sampled (please be as specific as possible): _____

Non Alcoholic Beverage to be sampled (please be as specific as possible): _____

Sample size of food/non alcoholic beverage: _____

Please describe how the product you would like to sample is affiliated with the theme/purpose of the

show: _____

Maricopa County Health Permit Number (if required): _____