

2020 CAFÉ NFRA FORM



Sunday, Oct. 18 • 9:00 am to 4:00 pm
Monday, Oct. 19 • 9:00 am to 5:00 pm
Tuesday, Oct. 20 • 9:00 am to 3:00 pm

Company Name _____

Brand to Recognize _____

Product Type (i.e. pizza, ice cream, meal, etc.) _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Preferred Phone _____ Office Cell Email _____

Yes, I would like to prepare my own product at my table. Please contact me with details.

On-Site Contact Name _____

Title _____

On-Site Phone _____ Email _____

Payment Information - \$6,000

Enclosed check (US funds only) payable to NFRA

Visa

MasterCard

Discover

American Express

Card Number _____

Exp. Date _____ CVV code _____

Name on Card _____

Signature _____

Billing Zip Code _____

Please note:

Café NFRA will be set up near the Convention Registration desk. The Gaylord will provide a 6' table. Any additional hotel charges are your responsibility. Please see the Café NFRA Guidelines for full, detailed information.

**Your response is appreciated by
Friday, April 24, 2020**

SUBMIT

Please click submit or send completed form to:

Sarah@nfraweb.org • F: 717-657-9862 • P: 717-657-8601

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