

2020 TASTE OF EXCELLENCE FORM



Sunday, October 18, 2020 • 5:00-7:30 pm

Please reserve Exhibit Table(s):

1 Table - \$3,500 2 Tables - \$7,000

Please print all information as it should appear in the Taste of Excellence booklet:

Company Name _____

Name as it should appear on the Table Sign _____

Address _____

City _____ State _____ Zip _____

Phone _____

Main Contact Name _____

Email _____

Event Booklet Contact Name _____

Email _____

Payment Information

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 _____

Product category:

Frozen Refrigerated Both

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
Sarah Thompson, NFRA • 4755 Linglestown Road, Suite 300 • Harrisburg, PA 17112