	ACS	
SAMPLING REQUEST FORM		
Show Name:		Show Date:
Company Name:	Contact:	
Phone:	Email:	
Address:		Suite/Apt:
City:	State:	Zip Code:
*If different from above, please fill in info for the on-site contact.*		
Contact:	Phone:	
Sampling Guidelines:		
<ul> <li>All food and beverage sampling m</li> </ul>	nust be pre-approved by the venue.	
<ul> <li>Food and beverage samples are li</li> </ul>	imited to 2 oz or less.	
<ul> <li>Alcohol is not permitted to be sar</li> </ul>	mpled or sold on-site.	
• Samples must be provided at no o	charge.	
• Exhibitor must provide proof of li	ability insurance.	
<ul> <li>A temporary health permit from N</li> </ul>	Maricopa County is required.	
Temporary Food Application		
*Show Management reserv	res the right to remove any items which do	not meet these requirements.*
	**IMPORTANT**	
When submitting this form, you must use "BAS Sampling Request Form " as the subject line.		
	This will ensure the request has been received by	
All Sampling Request Forms <b>must</b> be submitted to ops@acsshows.com. If you have any questions please contact us at (516) 422-8100.		
Phone	American Consumer Shows e: (888) 433.EXPO (3976) (516) 422.8100 Fax: (888) 580 Web: acsshows.com   Email: info@acsshows.com	).3977