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:** _____

Product(s) to sample:

Brief description of dispensing method:

Sampling Guidelines:

- All food and beverage sampling must be pre-approved by the venue.
- Food and beverage samples are limited to 2 oz or less.
- Alcohol is not permitted to be sampled or sold on-site.
- Samples must be provided at no charge.
- Exhibitor must provide proof of liability insurance.
- A temporary health permit from Maricopa County is required.
  Temporary Food Application

Show Management reserves 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 ACS.

All Sampling Request Forms ***must*** be submitted to ops@acsshows.com.
If you have any questions please contact us at (516) 422-8100.

American Consumer Shows
Phone: (888) 433.EXPO (3976) (516) 422.8100 Fax: (888) 580.3977
Web: acsshows.com | Email: info@acsshows.com