

**Taste of Excellence Form**  
Sunday, October 13, 2019 • 5:00-7:30pm

**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 \_\_\_\_\_

**Product category:**

- Frozen     Refrigerated     Both

**Payment Information**

Enclosed check (*US Funds only*) payable to NFRA

Visa     MasterCard

Discover     American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Please invoice me

**Please return this form with payment to:**

NFRA  
4755 Linglestown Road, Suite 300  
Harrisburg, PA 17112  
Fax: 717-657-9862  
Email: [NFRA@NFRAweb.org](mailto:NFRA@NFRAweb.org)  
Phone: 717-657-8601

**SUBMIT**

**Your response is appreciated by**  
**Friday, April 26, 2019**