



Cafe NFRA Form

Sunday, Oct. 13 • 9:00 am to 4:00 pm
Monday, Oct. 14 • 9:00 am to 5:00 pm
Tuesday, Oct. 15 • 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 _____

The Cafe NFRA will be set up near the Convention Registration counter.
The Marriott will provide a 6' draped table.
Any additional hotel charges are your responsibility.
Please see the Rules & Guidelines for full, detailed information.

Payment Information \$6,000 per table

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
Phone: (717) 657-8601

SUBMIT

Your response is appreciated by
Friday, April 26, 2019