



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:

- Max fee is \$140 based on what is being sampled.
- Food and beverage samples are limited to 2 oz or less.
- Samples must be provided at no charge.
- Alcohol & Soft drink sampling/selling is strictly prohibited at this facility.
- Exhibitor must provide proof of liability insurance.
- Authorized foods to sample without incurring a fee at this venue are jams, preserves, honeys, salsas, dips/spices, soup/bread mixes.
- Prohibited Food & Beverage Items: Kettle corn, popcorn, health/energy drinks, bulk/bottled water, soft drinks, non-alcoholic beverages, alcoholic beverages, and wine.
- Depending on the material of the show floor, you may be required to supply floor covering within your booth. i.e. plastic, carpeting, tarp. Please refer to your exhibitor kit for these details.

Show Management reserves the right to remove any items which do not meet these requirements.

****IMPORTANT****

When submitting this form, you must use " BES 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 gurnistar.singh@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

BRIDAL & WEDDING EXPO

CREDIT CARD AUTHORIZATION FORM

Please charge my:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card #: _____ Exp Date: _____ Security Code: _____

I hereby authorize a charge in the amount of \$ _____ as payment to American Consumer Shows.

I agree to pay the stated amount in full when billed, or in extended payments in accordance with the standard policy of the issuing credit card company.

Signature of Cardholder:

_____ Date: _____

Please submit this form to gurnistar.singh@acsshows.com