

## **VENDOR SAMPLE REQUEST FORM**

BUISNESS NAME	CONTACT NAME		
BUSINESS PHONE (	CONTACT PHONE		
SHOW NAME	SHOW DATE		
MULTIPLE DAY SHOWYESNO	SAMPLING FROM	TO	
Sample sizes are limited to 4 oz of beverages and 2 oz of food. Sam produces the requested sampling item. Sampling is permitted only in the MassMutual Center. The same	the Exhibition Hall. Absolu	n exhibitor if the exhibitor manufactures, of tely no sampling may take place in any ot	distributes or ther space at
DESCRIPTION OF SAMPLE			
DISTRIBUTION METHOD			
DISTRIBUTION SAMPLE TEMPERATURE			
IF, YOUR SAMPLE IS SERVED HOT/COLD, HOW YOU DO PLAN TO	O MAINTAIN ITS TEMPERA	TURE?	
HOW MANY ITEMS DO YOU EXPECT TO SAMPLE OVER THE COL	JRSE OF THE SHOW?		
MISC INFO			
Once sample item has been approved by Spectra Food Service and H vendor exclusivity to product sampling and the vendor recognizes that the same item. By requesting permission to sample the vendor as sample item. Spectra Food Service and Hospitality will not receive use of the any of the building's kitchens, refrigeration.	ospitality it may not be subs t, in some cases, Centerpla ssumes all liability for any te, transport, or store any	tituted for any other item. This form does the will grant permission for multiple vendo and all injury or foodborne Illness cau of the vendors' items. Vendors are no	rs to sample used by their of entitled to
VENDOR SIGNATURE		DATE	
SAMPLE WAS APRROVED BY,	,Spectra	DATE	
Please submit form to:			

Please submit form to: Spectra Food Service and Hospitality MassMutual Center 1277 Main Street Springfield, MA 01103 FAX: 413-787-6645