# 2026 Sampling Information Form

**Please Read and Review All Food And Beverage Sampling and Donation Policies Before Submitting Sampling Request Form.**

**Name:**_____ **Booth #:**_____

**Company:**_____ **Phone #:**_____

**Event:**_____ **FAX:**_____

**Event Dates:**_____ **E-mail:**_____

Please describe the core business and/or product lines or service typically sold by your company:

Do you and/or your company directly produce or make this product/s: _____ Yes _____ No

Please describe product to sampled:

Portion Size/Sampling Method (Limited to 4oz beverage portions, 2 oz food portions) :

**Please Note: Selling of Products for On-Site Consumption is NOT allowed.**

**Please contact your catering sales manager with questions**

Please email complete form to Daniel Heigh. daniel.heigh@sodexo.com

Signature

Date

| **INTERNAL USE ONLY:** | Approved By: |
|---|---|
| Approved (Circle): YES | NO |
| Comments: | |