



Food and Beverage Sampling Request Form

Exhibitor/Company Contact Info	ormation				
Event Name:			In Date:	Out Date:	
Company Name:			Booth/Room #:		
Contact Name:			Telephone #:		
Email:				Fax #:	
Address:				Suite #:	
City:			State:		Zip:
Sampling Information					
Sampling Requests are reviewed by TCC management based on the following criteria: 1. Sample product must be related to the show. 2. Sample is limited to products manufactured, processed or distributed by exhibiting firm. 3. Each sample product must be individually pre-packaged and sealed.					
Sampling portions must not exceed the following:					
Food: 2 ounces Wine: 2 ounces Beverages: 2 ounces Beer: 2 ounces					
Liquor: ½ ounce					
**Sampled alcohol is served under the Convention Center's liquor license and therefore an alcohol compliance person or bartender must oversee all					
alcohol sampling.					
Items to be Sampled		tem Descr	iption Serving Me	thod (i.e. beverage,	sterno, fryer, oven, etc.)
The use of cooking and / or food warming devices require an appropriate fire extinguisher and may also require an on-site					
Fire Watch, if the device uses an open flame.					
Please explain how these products are indigenous to the event and to your company					
CATERING APPROVAL	Approved Yes	No	Approved with modifica	tion YesNo	Declined Yes No
	Approved Yes	No	Approved with modifica	tion YesNo	Declined Yes No

This form must be completed and submitted a minimum of 45 days prior to the first day of the event. For more information please contact TCC Catering at (813) 215 2061 lopresti-olivia@aramark.com