

## Interested in Participating in the 3<sup>rd</sup> Annual Blind Taste Test Awards?

**Complete this form and return to your account manager as space is limited and available on a first come first serve basis.**

### Rules and Requirements:

- Suppliers will provide samples of both their private label product and a comparative branded product of their choosing. The branded item must be of the same type and flavor for proper comparison.
- Suppliers are responsible to prepare and serve food during the contest. ECRM will help coordinate anything that needs to be prepared by the hotel kitchen. Suppliers will be responsible for any additional charge the hotel may apply for the preparations.
- All entries are subject to approval by ECRM: Please contact Devin Hennessy with questions (440) 498-0500 or [DHennessy@ecrm.marketgate.com](mailto:DHennessy@ecrm.marketgate.com)

### Contact Information:

Company Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Type of food you will be submitting (include flavor):

Your Item (Private Label): \_\_\_\_\_

Branded Comparison: \_\_\_\_\_

**Registration:** Please indicate your selections below.

<input type="checkbox"/> Contest Participation, \$500.00
<input type="checkbox"/> Paper Plates, \$0
<input type="checkbox"/> Napkins, \$0
Will you need assistance from the hotel in preparing food? If yes, please list instructions below. ECRM will relay to the hotel and return a price quote. Any fees will be paid to the hotel directly, not ECRM. <input type="checkbox"/> Yes <input type="checkbox"/> No

**See page 2 for credit card payment form.**



**Credit Card Payment Form:**

Name of Company: \_\_\_\_\_

**Method of Payment (Check one):**

Visa                       Master Card                       Discover                       American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please copy total amount from page 1 of application.

**TOTAL AMOUNT AUTHORIZED TO CHARGE**                      \$500 x \_\_\_\_\_ (#of items)

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Efficient Collaborative Retail Marketing Company, Inc. (ECRM) to charge my credit card for the amount shown above.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only  
Process Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_ Initials: \_\_\_\_\_  
Invoice Number: \_\_\_\_\_ Conference: \_\_\_\_\_

*Thank you for your participation!*

Return completed application and credit card payment form to:  
**Email:** AccountsReceivable@ECRM.MarketGate.com **Fax:** (440) 498-0900