



Food and Beverage Sampling Request Form

Exhibitor/Company Contact Info	rmation					
Event Name:			II.	n Date:	Out Date:	
Company Name:			Е	Booth/Room #:		
Contact Name:				Telephone #:		
Email:			F	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. Please contact the catering department for specific pricing at 813-362-2310 or email dicarlo-julia@aramark.com.						
Items to be Sampled			Item Description Serving Method (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 Appro	oved with modification	Yes No	Declined Yes No	
EXECUTIVE APPROVAL	Approved Yes	No Appro	ved with modification	Yes No	Declined Yes No	

This form must be completed and submitted a minimum of 14 days prior to the first day of the event. For more information or to submit your form please contact: