



Los Angeles, CA  
Feb. 27<sup>th</sup>- 28<sup>th</sup>, 2019

**Intake Form**

**Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Business Affiliation:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Website:** \_\_\_\_\_

**Exhibiting Business Sector:**     **Food**     **Wine**

Kindly insert brand names that will be exhibiting within the provided space (If exhibiting only one brand – please proceed down the line on the form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exhibiting space requested:**     **1 Table**     **½ Table**

**Num. of Tables requested:** \_\_\_\_\_

**Exhibiting Space Location:**     **Los Angeles**     **Houston & Los Angeles**

Method of Payment (Once participation is confirmed you will receive the due invoice and further instructions regarding payment) – please check one:

**Wire Transfer**     **PayPal**     **Check**

**Note: Send this filled out application form to [info@iaccw.net](mailto:info@iaccw.net)**



**Kindly send the intake form no later than Jan. 8<sup>th</sup>, 2019**

**For further information, call us at 310.557.3017**

**With the present application form we declare to have received and read the conditions and rules in order to part take in SAVOR ITALY LOS ANGELES 2019, and accept them fully without reservation.**

We hereby declare to accept all instructions and agree to abide by all rules provided – specifically:

- We accept to pay the amount due in the required terms;
- We accept that the deposit fee for participation, of € 500.00, is non - refundable;
- We reserve the right to cancel participation within 15 days from the date of communication of the formal application, after which we will be required to pay the full amount due.

We hereby confirm our intent in participation at Savor Italy 2019:

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