

Sample authorization form

Applicable to sampling of edible products only



SAMPLE AUTHORIZATION FORM

Name of event							
Date	Year	Month	Day	To	Year	Month	Day
From							

Exhibitor's Name	Contact Name
Booth N°	Phone N°

Product Description	Size	Rate (If applicable)

Authorization ExpoCité	
Signature	Date
Authorization La Cage traiteur événementiel	
Signature	Date



Please return the completed form to your event technician.