

SAMPLING AUTHORIZATION FORM

**Maestro
Culinaire**

Event Name: _____

From: _____

Year/Month/Day

To: _____

Year/Month/Day

Exhibitor name: _____

On-site contact name: _____

Booth number: _____

Phone number: _____

E-mail: _____

Producer of the product ☐

Non producer of the product ☐

Product description

Format

Price (if applicable)

Authorized by Maestro Culinaire (Maestro Culinaire use only)

Signature: _____

Date: _____

This form must be returned duly completed no later than 3 weeks (21 days) before the start of the event, to the address info-mtl@maestroculinaire.ca. You will receive an acknowledgment within 48 hours of receiving the request. This form alone does not constitute authorization. Once this form has been duly approved and returned to you by Maestro Culinaire, please keep it as proof of approval. For any assistance, our team is available by dialing 514-871-3111.