

## Fall Wine Cornucopia 2006 Food Participant Form

Company Name \_\_\_\_\_

Principal Type of Food produced \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Fax Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Web Site \_\_\_\_\_

E-Mail \_\_\_\_\_

**Food you would like to bring**

Food Item	Item Description	Company history and information (what you may want us to say)

If there is not enough room here, please feel free to attach an extra page or two

Use the reverse of this form for additional foodstuffs  
 Send or FAX in this form by June 15, 2006 to CCW: PO BOX 12584, Fresno Calif. 93778 Attn: Peterangelo Vallis  
 Please direct questions to Peterangelo Vallis @ 559-905-7748 or pvallis@ccwinegrowers.org; FAX: 559-276-7129