

REGISTER NOW

REGISTRATIONS CLOSE 2ND JULY, 2010 OR ONCE PLACES ARE FILLED



RECIPE FOR FOODSERVICE SUCCESS 2010 REGISTRATION FORM

RETURN THIS FORM TO YOUR REPRESENTATIVE OR FAX TO 1800 008 405

PLACES ARE STRICTLY LIMITED, SO REGISTER EARLY. SEE WEBSITE FOR DETAILS.

In order for your registration to be successfully processed, please ensure that **ALL SECTIONS** of this form are completed **IN FULL**.

SECTION 1: BUSINESS DETAILS

Company Name _____

Trading Name _____

Street Address _____

Suburb _____

State _____

Postcode _____

Postal Address _____

Suburb _____

State _____

Postcode _____

Business Phone

Business Fax

SECTION 2: KEY CONTACT DETAILS

Mr/Mrs/Ms/Miss

Other

First Name

Surname

Position

Mobile

Email

SECTION 3: PLEASE SPECIFY YOUR BUSINESS TYPE (PLEASE SELECT ONE ONLY)

Pubs

Clubs

Cafes/Restaurants

Hotels with Accommodation

SECTION 4: HOW WOULD YOU LIKE TO PARTICIPATE?

Benchmarking Study

Incentive Program

Please turn overleaf

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SECTION 5: HOW I WANT TO PARTICIPATE IN THE INCENTIVE PROGRAM

OPTION 1: I WILL NOMINATE MY DISTRIBUTOR/S

By nominating your distributor/s you approve that we can request your sales data from your distributor for the incentive program on your behalf. Please note that some distributors may not agree to provide your sales data, in which case you will be required to retain relevant invoices and fax them back. We will notify you via mail if your distributor has decided not to participate. Please also indicate which of the supplier's products you purchase from each nominated distributor.

Distributor	State	Distributor	Branch	Account No.	Supplier		
X	<u>NSW</u>	<u>PFD</u>	<u>SYDNEY</u>	<u>012345</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Unilever	Simplot	Fonterra

Distributor	State	Distributor	Branch	Account No.	Supplier		
A					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Unilever	Simplot	Fonterra

Distributor	State	Distributor	Branch	Account No.	Supplier		
B					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Unilever	Simplot	Fonterra

Distributor	State	Distributor	Branch	Account No.	Supplier		
C					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Unilever	Simplot	Fonterra

Distributor	State	Distributor	Branch	Account No.	Supplier		
D					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Unilever	Simplot	Fonterra

OPTION 2: I WILL FAX BACK MY INVOICES

I will retain and fax back my invoices directly and agree that the sales data for the incentive program will be based on the invoices that I supply. All faxes need to be sent **by Friday 29th October, 2010 (5pm EST)**.

SECTION 6: MY REPRESENTATIVE DETAILS

Please nominate your sales representative from one (or more, if required) of the following suppliers:

Unilever Foodsolutions

Simplot Foodservice

Fonterra Foodservices

Name of Rep: _____

Name of Rep: _____

Name of Rep: _____

SECTION 7: TERMS & CONDITIONS

I have read the terms and conditions of the *Recipe for Foodservice Success Program* located at www.recipeforfoodservicesuccess.com.au and agree for the above mentioned business to participate in the program.

Signature _____

Date _____