

Request for NutriFit® Services

Event Date: _____

Today's Date: _____

Requested by: _____ Bill to (if different): _____

Title/Company: _____ Title/Company: _____

Address: _____ Address (if different): _____

City/State/Zip: _____ City/State/Zip: _____

E-mail: _____ Email: _____

Phone/Fax: () - / () - Phone/Fax: () - / () -

Requested Service:

<input type="checkbox"/> Cooking Well™ Demonstration	<input type="checkbox"/> NutriFit Learning Center Booths	<input type="checkbox"/> Spice Blends
<input type="checkbox"/> Eating Well™ Lectures	<input type="checkbox"/> Culinary and Nutrition Education with Food sampling	<input type="checkbox"/> Gift Baskets
<input type="checkbox"/> Living Well™ Workshops	<input type="checkbox"/> Cookbooks	<input type="checkbox"/> Other
<input type="checkbox"/> PRSTO!™	<input type="checkbox"/> Catering	

Demonstration / Lecture Topic requested: _____

Health Fair Theme / Food Samples requested: _____

Number of Participants expected: _____ Number of food samples per person requested: _____

Month Day Year Beginning Ending
Event Date: / / Event Time: /

Event Site: _____ Contact Person: _____

Event Address: _____ Suite/Room: _____

City: _____ Fax: _____

Site Phone: () - Site Fax: () -

Electricity Available? Yes No Function held? Indoor Outdoor

Special needs / instructions / directions: _____

