

Your Name _____

Company Name _____

Address _____

City / State / Zip _____

Phone _____ Fax _____

Email _____ Website _____

What category would you like to see your company name associated with (examples: spices; casings; smokers; saws, etc.)? _____



If your company has multiple products/services, list the top three in order of preference.

a.) _____

b.) _____

c.) _____

Please check if you would like to sponsor \$1,000 toward the American Cured Meat Championships.

Check Enclosed VISA MasterCard AMEX Discover

Credit Card # _____ Expiration Date _____ CVV Code _____

Billing Zip Code _____ Name on card (please print) _____

Signature _____

Mail or fax to: AAMP, One Meating Place, Elizabethtown, PA 17022 - Fax: (717) 367-9096