American Association of Meat Processors
One Meating Place, Elizabethtown, PA 17022
Phone: (717) 367-1168 **Toll Free:** (877) 877-0168
Fax: (717) 367-9096 **E-mail**: nvm@aamp.com

Nutrition Labeling Ingredient Form

(Please print clearly)

Company name _____

Contact person _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email (to receive analysis by email) _____

Recipe name _____

Date submitted _____

Recipe Ingredients	**Amount** (ounces, pounds, grams, etc.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Enter percentages here to simulate cooking losses if applicable. **Moisture Loss** _____**%** **Fat Loss** _____**%**

Nutrition facts are based on a specific serving size. **Serving Size** _____ **Servings per container** _____

Multi-ingredient Analysis: AAMP Member: _____ analyses @ $45 each Non-Member: _____ analyses @ $85 each
Single-ingredient Analysis: AAMP Member: _____ analyses @ $15 each Non-member: _____ analyses @ $30 each

Payment is required when form is submitted.

Amount: $_____
PA residents add 6% sales tax: $_____
Total Enclosed: $_____

Make check payable to AAMP or complete credit card information below.

We accept MasterCard, Visa, American Express & Discover. Mail, fax, or email form to address listed above.

Card # _____ **Exp. Date** _____

CVV Code _____ **Billing Zip Code** _____

Print name on card _____

Signature _____

Additional charges may apply if changes are made after original analysis is completed. Please contact Nancy Matako if you have any questions.