



## Innovative Vendor Directory Program Form

*The deadline for booking your page is January 15, 2010.*

As part of the *Product Innovation for the Confectionery Industry* event, being held in Orlando, Florida in February of 2010, PMCA is offering an opportunity for member companies providing innovative products or services to be included in the "Innovative Reference" section of the student course book. This Innovative Reference is intended to serve as a directory of companies providing innovative products or services for the confectionery industry.

To see page samples from current participants email [Brittany.marmo@pmca.com](mailto:Brittany.marmo@pmca.com).

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

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

Contact Email: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Page Information:

<input type="checkbox"/> One Sided \$300	<input type="checkbox"/> Please send me template to insert information
<input type="checkbox"/> Two Sided \$400	<input type="checkbox"/> Please send me size requirements so I can send PMCA information to include in the template

Please indicate in which section you would like to be included:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Colors                       | <input type="checkbox"/> Ingredients     | <input type="checkbox"/> Fats & Oils         |
| <input type="checkbox"/> Equipment                    | <input type="checkbox"/> Manufacturers   | <input type="checkbox"/> Packaging/ Printing |
| <input type="checkbox"/> Flavors                      | <input type="checkbox"/> Polishes/Glazes |  |
| <input type="checkbox"/> Other : Please specify _____ |  |  |

Payment Information:

- |  |                               |                                     |   |
|--|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Please invoice me | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
|--|-------------------------------|-------------------------------------|---|

Check to follow

Credit Card #

Exp Date

Check enclosed

Cardholder Name

Zip Code

Signature

**Submit to: PMCA  
2980 Linden St. Suite E3  
Bethlehem, PA 18017**

**Fax: +1 610-625-4657 ■ email: [Brittany.marmo@pmca.com](mailto:Brittany.marmo@pmca.com) ■ Phone: +1 610-625-4655**