



Taste the Tradition



NMDA TRADE SHOW ASSISTANCE APPLICATION

(Please type or print)

Company Name: _____ Phone: _____

Address: _____ FAX: _____

City: _____ State: _____ Zip: _____

Company Representative: _____ Phone: _____

Name of Show: _____

Location: _____ Phone: _____ FAX: _____

Show Mgt. Contact: _____ Phone: _____

Show Dates: _____ Booth Rental Fee: _____

Will you be sharing booth or pavilion with other New Mexico Food Producers or Processors.
If so, please list below.

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Company: _____ Contact: _____ Phone: _____

Benefits, past success, suggestions, comments: _____

Have you previously received trade show funding from NMDA? Yes _____

No _____

If so, for which year(s)? _____ Your Vendor Number: _____

Applicant's Signature: _____ Title: _____

NOTE: Please mail or fax to the following address by August 31st:

Felicia C. Frost
New Mexico Department of Agriculture
Marketing and Development Division
MSC 5600, P. O. Box 30005
Las Cruces, NM 88003-8005
Phone: (505) 646-1939
Fax: (505) 646-3303