

PRODUCT
DEMONSTRATION
PROGRAM



SEND COMPLETED FORM TO:
Saskatchewan Food Processors Association
Suite 107 – 105 North Road
Saskatoon, SK S7N 4L5
Tel: (306) 683-2410 Fax: (306) 683-2420

Demo Claim Form

Company Information

Company Name: _____

Contact: _____

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ Fax: _____

Store/Show Information

Store/Show Name: _____

Location: _____

Comments & Feedback

Consumer Traffic: _____

Consumer Comments: _____

Demonstration Dates & Hours:

| DATE | START TIME | FINISH TIME | TOTAL HOURS |
|------|------------|-------------|-------------|
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Note: SFPA only pays for total hours of demonstrating.

Demonstrator Information (Note: Demonstrator must be at arms-length.)

Name: _____

Tel: _____

Please Note:

Applicants must submit TWO copies of the completed Claim form and TWO copies of any supporting documentation (eg. cancelled cheques, paid invoices). Please do not send originals.

I certify that the above information is true and correct:

Print Name: _____

Signature: _____ **Date:** _____

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Agriculture and Agri-Food Canada



AGRICULTURE COUNCIL OF SASKATCHEWAN INC.