

UK ENTRY FORM

Please complete this form in FULL on both sides, giving all the information required and return with your payment to:

GREAT TASTE, Guild of Fine Food, Guild House, Station Road, Wincanton, Somerset BA9 9FE or fax to +44 (0)1963 824651

1. YOUR DETAILS Please write CLEARLY and in CAPITAL LETTERS, preferably in BLACK INK

Company name*: _____ Contact name*: _____

Contact email*: _____

Address*: _____

County*: _____ Postcode*: _____

Tel no*.: _____ Mobile _____

Website _____ Fax _____

My products are commercially available **locally/regionally** **nationally** (please tick one box ONLY)

Signed* _____ Date* _____

*Mandatory Fields - Please ensure you give the correct Contact Name for the 2012 Awards and a reliable EMAIL ADDRESS. We will be using this email address for correspondence, please ensure it is correct

2. COST OF ENTRY Please answer the following:

My business turns over LESS than £1million per annum Yes No

If you answered YES to the question above, you qualify for our Small Business Cost of Entry.

COST OF ENTRY

Member of the Guild of Fine Food:
£51.00 ex VAT

Non-member of the Guild of Fine Food:
£56.00 ex VAT

SMALL BUSINESS COST OF ENTRY

Member of the Guild of Fine Food:
£41.00 ex VAT

Non-member of the Guild of Fine Food:
£46.00 ex VAT

3. METHOD OF PAYMENT

We enclose our cheque/banker's draft made payable to GUILD OF FINE FOOD LTD

Please debit my MasterCard Visa Switch

Card Number: / / /

Start: / Expiry: / Security code: Issue no.:

Name on Card: _____ Date: _____

PLEASE TURN OVER AND NOW COMPLETE YOUR PRODUCT INFORMATION AND TOTAL PAYMENT.

Please read the FAQs before completing

DO NOT FILL THIS FORM IN UNTIL YOU HAVE READ THE FAQs ENCLOSED



I have read the FAQs and accept the Terms & Conditions (please tick)

I am a member of the Guild of Fine Food. My membership number is:

You will find this on the front of your membership ring-binder. If you do not know your membership number, please email taste@finefoodworld.co.uk. No member discount can be given without verification.

4. PRODUCT DETAILS

Please write **CLEARLY** and in **CAPITAL LETTERS**, preferably in **BLACK INK**

Category No Please refer to the brochure centrefold.	Office use only	Full product name (This is what will appear on your certificate).	Description of Product. In 30 words or less please describe here your product for the judges. No brand names must be used. Your product is 'blind-tasted' so all descriptions on packaging will be removed and the description you give here will be the ONLY information the judges have about your product. Keep it short, listing ONLY the main ingredients and any traditional methods used in production. List breed of animal, variety of fresh produce or any other important characteristic of terroir.	Produced by/ Manufactured by	Country of Origin	Cost per entry £ Please refer to the table overleaf to identify correct cost per entry.

*If you are entering more products, continue on a separate sheet following these column headings

We wish to enter product(s)

Total Cost of Entries

VAT @ 20%

Grand Total

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On receipt of this form, the Great Taste office will email confirmation to you within seven days. **PLEASE DO NOT SEND ANY PRODUCTS YET – await your delivery instructions, which will be sent to you separately in March or April.** Please ensure that you give an email contact for all correspondence regarding Great Taste Awards.