



BEST-OF-APPELLATION

Regional Evaluation Program



Defining North American Terroir

SUBMISSION FORM

Please complete and mail this form along with payment prior to shipping wines.

Ship wine samples separately with completed Product Information Forms.

Winery Name: _____ date: _____

Contact Person: _____ phone: _____ email: _____

Address: _____

entry #	vintage	product name	appellation	designated vineyard	sugg retail price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

_____ Products X \$50 = \$ _____
(check enclosed)

Return Form with payment to:

US Wineries: **Appellation America US Inc.**
P.O. Box 10908
Napa, CA 94581
ph: (707) 320-2453
fax: (707) 320-9314

Canadian Wineries: **Appellation America Inc.**
P.O. Box 40
Chester, NS B0J 1J0
ph: (902) 273-3456
fax: (902) 482-7102

* Shipping Details

Please indicate the approximate date that the wine samples will be shipped:

Shipping Date: _____

Carrier: _____

Required Samples (each product)

**2 x 750 ml bottles
or
4 x 375 ml bottles**

contacts:

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