



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: _____

* Shipping Details

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

Shipping Date: _____

Carrier: _____

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

Required Samples (each product)

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

contacts:

Clark Smith

c.smith@appellationamerica.com
ph: 707-237-7000

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

Return Form with payment to:

US Wineries: **Appellation America US Inc.**
441 Beaver St.
Santa Rosa, CA 95404

ph: 707-237-7000

