

Essential Café

MAGAZINE

Name: _____	Company Name: _____
Job Title: _____	Address: _____
Telephone: _____	_____
Fax: _____	_____
Email: _____	_____
<i>If we don't have your correct details, please amend them here</i>	Post Code: _____

1. Are you responsible for the purchasing, authorising or specifying products or services within your company?

YES NO

2. Type of business.
Are you a:

Coffee Shop
 Café
 Restaurant
 Contract Caterer
 Hotel
 In-Store coffee shop
 Coffee Roaster
 Pub/Bar
 Distributor
 Manufacturer
 Other please specify _____

3. Number of employees

1-9
 10-49
 50-99
 100-499
 500-999
 1000+

4. Are you a member of the following?

BSA
 FPA
 AVA
 European Water Ass
 BCA
 Other please specify _____

5. Do you attend any or all of the following?

Caffe Culture
 lunch!
 Hotelympia
 Restaurant Show
 AVEX
 Other please specify _____

6. Which industry publication do you read?

Café Culture
 Café Business
 OOH
 Caterer & Hotel Keeper
 Other please specify _____

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Signature: _____

Date: _____