

LVLIN	II DETAILS — to b	e completed by Vendor	
Event	t Name:		
Venu	e/s:		
Site r	number:		
Event Date/s: Stand Name: Full name: Mobile number:			
			Food
comn	nencement of the	ust be completed by all vendors providing samples at EPIC prior to the e event and available on request by EPIC Management.	
Guide	elines		
	Samples prepared according to ACT Health Food Safety Guidelines Samples are bite-sized, not meal sized Samples were transported at the correct temperature in accordance food handling guidelines		
	ning below I acki rements	nowledge that I have read, understood and complied with the above terms and	
Signature		Date	

Please complete the above form and return it to eventsepic@act.gov.au. For further assistance contact the EPIC Events Team on (02) 6205 5230.