



operator **SUCCESS**® program

Registration Form
Program Year:
January 1 - December 31, 2009

Establishment Name:

Contact Name:

Street Address:

City:

State:

Zip:

Email:

Telephone:

Fax:

Primary Distributor:

Distributor Sales Rep Name:

Brokerage Company Name:

BSR Name:

Operator Signature:

Date:

The above signed has read and understands the **operatorsuccess** Program Terms and Conditions on the back of this brochure.

Please indicate which brands are on your menu or tabletop:

- | | |
|-------------------------------|---------------|
| Healthy Choice Frozen Entrées | Swiss Miss |
| Egg Beaters | Reddi-wip |
| Wesson Trans Fat Free | Hunt's |
| Gulden's | Chef Boyardee |
| Manwich | |

My foodservice operation can best be described as:

- | | |
|--------------------------|-------------------------|
| Casual Dining | Hospital/Long Term Care |
| Family Dining | K-12 School |
| QSR | Bar/Tavern |
| Recreation/Entertainment | Sandwich/Bakery Café |
| Convenience Store | Catering |
| Business Dining | Vending/OCS |
| College and University | Other |

Dayparts served (check all that apply):

- | | |
|-----------|-----------------|
| Breakfast | Dinner |
| Lunch | Snacks/Take-Out |

Number of Units:

Seasonal Operation: Yes No

Seasonal Period:

All enrollment forms and documentation should be sent or faxed to:
ConAgra Foodservice Operator Success Program (FS-I068)
P.O. Box 2025
Brownsdale, MN 55918
800-357-6543
507-567-2526 (Fax)

For Internal Use Only:

Date Received: _____

Blacksmith Deal #: _____

Invalid Categories: _____