

DEVELOPING YOUR FOOD PRODUCT IDEA

CLASS DATE:

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY/STATE/ZIP:

CELL PHONE:

OTHER PHONE:

EMAIL ADDRESS:

ANY FOOD ALLERGENS:

ALLERGENS

COMPANY / PRODUCT INFORMATION

DESCRIBE YOUR PACKAGED
FOOD PRODUCT IDEA(S)

BUSINESS NAME:

PROJECTED START DATE:

SUBMIT FORM ELECTONICALLY TO: BAUMHOFF@UIDAHO.EDU and [PAY ONLINE](#)

SUBMIT WITH CHECK OR HAND DELIVER CASH PAYMENT TO:

University of Idaho Food Technology Center

Attn: Cini Baumhoff, 1908 E. Chicago Street, Caldwell, Idaho 83605

FOR UI STAFF USE ONLY:

DATE AP REC.: _____ DATE PAYMENT REC.: _____

DATE CONTACTED: _____ INITIALS: _____