



FIRE ROASTED FOR FRESH FROM THE GRILL FLAVOR!

Purchase the Angela Mia® and Rosarita® fire roasted products listed and save.



HERE'S HOW TO GET YOUR OPERATOR SAVINGS REBATE:

1. Purchase the qualifying products listed from your distributor between May 1 and Aug. 31, 2018.
2. All rebates must be redeemed by Sept. 30, 2018.
3. To redeem by mail, complete the rebate form below and submit along with proof of purchase (copies of distributor invoices or velocity reports) to the address indicated. To redeem online, simply upload your proof of purchase to fspromos4u.com/conagra, access code FIREROASTED3OFF.
4. Receive the specified rebate of \$3 per case on the product(s) listed, up to a total rebate amount of \$500. Minimum rebate offer is \$3.
5. Your rebate check will arrive within 4-6 weeks of submission. For express 2-4 week processing, submit online.

SAVE UP TO \$500



REBATE SPECIFICATIONS

Chains must participate on an individual outlet basis. This offer cannot be combined with other rebates, allowances, contracted or bid business or used to redeem against other rebate offers. Cases redeemed against this offer may not be used to redeem against any other rebate offers. Partial cases not accepted. Rebates cannot be assigned or transferred. Offer valid for foodservice operators only; suppliers or distributors cannot redeem rebates for operators. We reserve the right to audit requests for payment and reserve the right to cancel this offer at any time. This rebate may be mechanically reproduced or photocopied but not altered from its original format. All rebates must be postmarked by Sept. 30, 2018. VOID IF RESTRICTED OR PROHIBITED BY LAW.

Product Code	Product Description	Pack Size	Rebate Amount
27000 38069	Angela Mia® Fire Roasted Diced Tomatoes, #10 Can	6/102 oz.	\$3.00
44300 11005	Rosarita® Fire Roasted Tomato Salsa, Plastic Jug	4/1 gal.	\$3.00

REBATE OFFER

of cases _____ Total Rebate _____
 _____ x \$3.00 per case = _____
 (Maximum Rebate \$500 - Minimum \$3)

PLEASE PRINT LEGIBLY

Name of Establishment _____

Your Name _____

Street Address _____

City _____ State _____ ZIP _____

Business Phone () _____ Fax () _____

Email _____

By providing an email address, operator gives permission for us to send product and program information via email.

Primary Distributor _____ Distributor Rep Name _____

Primary Distributor City _____

Brokerage _____ Broker Rep Name _____

Complete the requested information on this form and mail with a copy of your distributor invoice(s) to:

FIREROASTED3OFF Promotion
Conagra Foodservice
P.O. Box 2025 – FS-2297W
Brownsdale, MN 55918

*Must be postmarked by Sept. 30, 2018.
Only one redemption per establishment.*

My foodservice operation can best be described as:

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

Dayparts served (check all that apply):

- Breakfast
- Lunch
- Dinner
- Snacks/Takeout

Number of Units: _____

Seasonal Operation: Yes No Seasonal Period: _____

