



Please help the marketing team prepare for the California Pears Care promotion by completing this form and faxing it to the CPAB office by April 23rd.



Please fax to Chris Zanobini at 916-446-1063

Shipper information:

Name: _____
 Address: _____

Shipper contact:

Name: _____
 Phone: _____

Do you plan on participating in the California Pears Care promotion?

- Yes (if yes, please continue)
- No (if no, there is no need to continue, however, please fax this form to the CPAB)
- Undecided (if undecided, there is no need to continue, however, please fax this form to the CPAB)

How many packages do you estimate you will pack for the promotion?

Please indicate the number next to the item below

- _____ Bulk pack / volume fill carton
- _____ Consumer pack / clamshell
- _____ Consumer pack / poly bag
- _____ Consumer pack / mini carton
- _____ Tote bags
- _____ Other

Which pack style do you plan on utilizing?

- PLU / GTIN stickers
- Bulk pack / volume fill carton
- Consumer pack / clamshell
- Consumer pack / poly bag
- Consumer pack / mini carton
- Bulk w/ tote bags included in cartons
- Other (please describe package and volume of pears per pack)

What wholesale price per package do you intend to set for the promotion?

\$ _____ / lb.
 \$ _____ / Package

How many pounds of fruit do you estimate you'll pack for this promotion?

_____ lbs.

None of the above information will be shared outside of the marketing team. The information is needed to plan the promotion effectively and to meet our contractual accounting obligations with Susan G. Komen for the Cure.