



Buy One Case, Get Second One Free

Save up to \$300

June 1, 2012 through November 30, 2012

Product	SKU - 10071179	Cases Purchased
<input type="checkbox"/> 9 Grain Orzo & Spinach Blend	020462	_____
<input type="checkbox"/> Orzo, Grains & Vegetable Blend	020479	_____
<input type="checkbox"/> Exotic Grains & Fire-Roasted Vegetables	012948	_____
<input type="checkbox"/> Hearty Grains & Wild Mushrooms	012955	_____
<input type="checkbox"/> Pearl Couscous & Red Grains	012931	_____

Cases Purchased _____ ÷ 2 = _____ x _____ = _____

(Free Cases Max 5) (Max Case Value \$60) (Total Rebate Due Maximum \$300)

To Get Rebate

Completely fill out this form (incomplete coupons will not be accepted). Attach your distributor invoice with the eligible product(s) circled as proof-of-purchase between June 1, 2012 and November 30, 2012. Complete the information below and mail the entire certificate along with proof-of-purchase to:

UpSides Operator Rebate
P.O. Box 2030
Brownsdale, MN 55918-2030

Please check the category that best describes your operation:

- | | |
|---|--|
| <input type="checkbox"/> Quick Service | <input type="checkbox"/> Colleges/Universities |
| <input type="checkbox"/> Casual/Theme | <input type="checkbox"/> Hospitals |
| <input type="checkbox"/> Family Style/Midscale | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Vending |
| <input type="checkbox"/> Supermarket Foodservice/Deli | <input type="checkbox"/> Military |
| <input type="checkbox"/> C-Store Foodservice | <input type="checkbox"/> Recreation/Leisure |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Airlines |
| <input type="checkbox"/> Business & Industry | |
| <input type="checkbox"/> Other _____ | |

Mail Rebate to:

Operation Name: _____ Contact Name: _____ Contact Title: _____

Mailing Address (No PO Boxes): _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email Address: _____

Primary Distributor: _____ Distributor Sales Rep: _____

Email Address: _____ City: _____ State: _____ Zip: _____

Broker: _____ City: _____ State: _____ Zip: _____

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

Rebate Rules: 1. Rebate is good for \$300 maximum. 2. Distributor invoice must be attached with qualifying items circled or highlighted. Distributor listings, summaries, or reports do not qualify. 3. Coupon valid on case purchases between 6/1/12 and 11/30/12. Postmarked no later than 12/31/12. 4. One rebate will be refunded per operation or location. 5. Offer does not apply to distributors or bid contracted accounts. May not be combined with any other offer. 6. Not eligible for K-12 schools/districts. 7. All information must be complete for rebate to be processed. 8. Not responsible for lost, late, damaged, misdirected, or postage-due mail. Allow 4-6 weeks for processing.

