



Save up to \$200!

Purchase the Ro*Tel® tomato product listed below and save.



HERE'S HOW TO GET YOUR RO*TEL® REBATE:

- 1 ▶ Purchase the qualifying product listed below between Dec. 1, 2011, and Feb. 29, 2012.
- 2 ▶ All rebates must be redeemed by March 31, 2012.
- 3 ▶ Complete the rebate form below and submit along with proof of purchase (copies of distributor invoices) to the address indicated.
- 4 ▶ Receive the specified rebate per case on the product listed below up to a total rebate amount of \$200. Limit one rebate redemption per operator. Minimum rebate offer is \$24.
- 5 ▶ Your rebate check will arrive within 4-6 weeks of submission.

REBATE SPECIFICATIONS

Chains must participate on an individual outlet basis. This offer cannot be combined with other rebates, allowances or national account contracts. Offer invalid for resale, cash/carry and club stores. Cases redeemed against this offer may not be used to redeem against any other ConAgra Foods rebate offers. Rebates cannot be assigned or transferred. Offer valid for foodservice operators only; suppliers or distributors cannot redeem rebates for operators. ConAgra Foods reserves the right to audit requests for payment and reserves 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 March 31, 2012. VOID IF RESTRICTED OR PROHIBITED BY LAW.

QUESTIONS?

Contact 800-357-6543.

QUALIFYING SKU

MFR #	SKU	BRAND	PRODUCT DESCRIPTION	PACK SIZE
64144	60245	Ro*Tel	Diced Tomatoes & Green Chilies	12/28 oz

REBATE OFFER

of cases _____ x \$2.00 per case = _____ Total Rebate
 (Maximum Rebate \$200 - Minimum \$24)

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

ConAgra Foodservice
 P.O. Box 2025 – FS-1823W UP
 Brownsdale, MN 55918
 800-357-6543

Must be postmarked by March 31, 2012.
 Only one redemption per establishment.

My foodservice operation can best be described as:

- | | |
|---|--|
| <input type="checkbox"/> Casual Dining | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Family Dining | <input type="checkbox"/> Long-term Care |
| <input type="checkbox"/> QSR | <input type="checkbox"/> K-12 School |
| <input type="checkbox"/> Recreation/Entertainment | <input type="checkbox"/> Bar/Tavern |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Sandwich/Bakery Café |
| <input type="checkbox"/> Business Dining | <input type="checkbox"/> Catering |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Vending/OCS | |

Dayparts served (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Snacks/Takeout |

Number of Units: _____

Seasonal Operation: Yes No Seasonal Period: _____

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 _____



From morning rush to close™