

Angela Mia®

SAVE up to \$200 with Angela Mia® Tomatoes

Save up to \$200 when you purchase Angela Mia products between November 1, 2011 – February 28, 2012

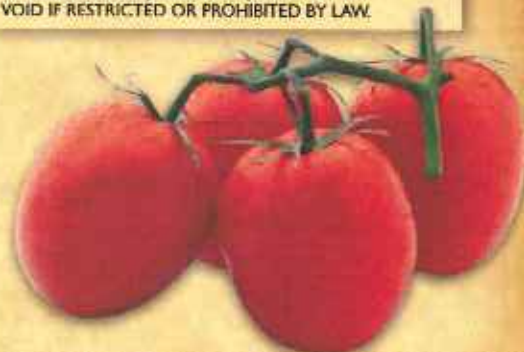
Here's how to get your operator savings:

- 1 Purchase any qualifying product from the list below between November 1, 2011, and February 28, 2012.
- 2 Complete the rebate form below and submit along with proof of purchase (copies of distributor invoices) to the address indicated.
- 3 Receive the specified rebate per case on the products listed below up to a total rebate amount of \$200. Minimum amount \$18. Limit one rebate redemption per operator.
- 4 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 or used on products purchased on bids. Offer invalid for resale, cash/carry and club stores. Cases redeemed against this offer may not be used to redeem against 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. Limit one rebate redemption per foodservice operator. 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.



Product Code	Product Description	Pack Size	Rebate Amount
27000 37861	CHOPPED TOMATOES	6/102 oz.	\$2.00
27000 38064	CRUSHED TOMATOES	6/100 oz.	\$2.00
27000 37923	STEWED TOMATOES	6/100 oz.	\$2.00
27000 38069	FIRE ROASTED DICED TOMATOES	6/102 oz.	\$2.00
27000 39050	PETITE DICED TOMATOES	6/102 oz.	\$2.00

REBATE OFFER: Please fill in below.

Total # of Cases _____ x \$2.00 = \$ _____

Total Amount Due = \$ _____
(Maximum rebate \$200; minimum \$18)

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-1798W
Brownsdale, MN 55918
800-357-6543

Must be postmarked by March 31, 2012

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/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 _____ Brokerage Rep Name _____

**ConAgra
Foodservice**

From morning rush to close®

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FS-1709W 11/11