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## Livich to receive a EDEE cube cription:

**C.** 21-50 **D.** 51-100 **E.** 101-200 **F.** 201+

Name (please print)		Job Title:		
Company	Address	Address		
City	State/Province	Zip/Postal Code	Country	
Email		Phone		
Signature (required)			Date	
Check here if you do not wis	h to receive information on new products a	and services from carefully screene	ed third parties.	
Please indicate your org	anization's primary business: (choo	se one only)		
Brewery Brewery in Planning	ı			
Vendor/Supplier Design Firm				
	her (please specify)			
Distributor Craft Beer Retailer (	off-premise)			
Craft Beer Retailer ( Individual	on-premise)			
	fy)			
2. In the performance of m	y job, I buy, specify and/or influence	e purchase of branding/marke	eting products and services.	
Yes No				
3. Please indicate how ma	ny distinct individual brands your co	empany has created:		
<b>A.</b> None <b>B.</b> 1-20				