

SAVE UP TO \$400



when you purchase qualifying Hebrew National® products between March 15 and June 15, 2021.

- 1 Complete the requested information on this form and mail with a copy of your distributor invoices or velocity reports showing proof of purchase to the address indicated.
- 2 Receive the specified rebate per case on the products listed up to a total rebate amount of \$400. Limit one rebate redemption per operator. Minimum rebate offer is \$24.
- 3 Your rebate check will arrive within 4-6 weeks of submission. For express processing, simply upload your distributor proof of purchase to fspromos4u.com/conagra, access code: **HebrewNational2021**.



Save \$8.00 Per Case

PARTICIPATING SKUs

SKU	Product Description	Case Pack	Per Case Rebate
74956 18443	Beef Franks 6" 8/1	4/5 lb	\$8.00
74956 18459	Beef Franks 6" 6/1	4/5 lb	\$8.00
74956 18466	Beef Franks 6" 4/1	4/5 lb	\$8.00
74956 18463	Beef Franks 7" 5/1	4/5 lb	\$8.00
74956 18465	Beef Franks 7" 4/1	4/5 lb	\$8.00
74956 18461	Beef Franks 10" 4/1	4/5 lb	\$8.00

REBATE SPECIFICATIONS

Chains must participate on an individual outlet basis. This offer cannot be combined with other rebates, allowances, contracted or bid business or used to redeem against other rebate offers. Offer invalid for resale, cash/carry and club stores. Cases redeemed against this offer may not be used to redeem against any other rebate offers. Partial cases not accepted. Rebates cannot be assigned or transferred. Offer valid for foodservice operators only; suppliers or distributors cannot redeem rebates for operators. We reserve the right to audit requests for payment and reserve 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 July 15, 2021. VOID IF RESTRICTED OR PROHIBITED BY LAW.

800-357-6543

conagrafoodservice.com

REBATE OFFER

Complete the requested information on this form and mail with a copy of your distributor invoice(s). Must be postmarked by July 15, 2021. Only one redemption per establishment.

MAIL TO:
Operator Rebate
P.O. Box 2025 – FS-2491W
Brownsdale, MN 55918

TELL US ABOUT YOUR OPERATION

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 Cafe |
| <input type="checkbox"/> Business Dining | <input type="checkbox"/> Catering |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Other (specify) _____ |

Dayparts served (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Breakfast | Number of Units: _____ |
| <input type="checkbox"/> Lunch | Seasonal Operation: _____ |
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Snacks/Takeout | Seasonal Period: _____ |

OF CASES

X \$8.00 PER CASE =

TOTAL REBATE

(*Max. rebate \$400 - Min. \$24)

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 _____

