



***IWFS Americas Inc.***  
**New Branch Formation**

*Return the completed form to Dr. Peter Miao at [peter@drpetermiao.com](mailto:peter@drpetermiao.com) &  
John Trickett at [john@circler-lp.com](mailto:john@circler-lp.com)*

<b>Name:</b>	<input type="text"/>	<b>Address:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>	<b>State/Province:</b>	<input type="text"/>
<b>Zip/Postal Code:</b>	<input type="text"/>	<b>Phone:</b>	<input type="text"/>
<b>E-mail:</b>	<input type="text"/>	<b>Profession:</b>	<input type="text"/>

**Your experience in wine & food:**

**Do you or have you belonged to other wine/food organizations?:**

**Do you have a wine cellar?:**

**What wine regions, or food & wine festivals, have you visited?:**

**Do you have a particular area of interest or expertise?:**