



IWFS Americas Inc.
New Branch Formation

*Return the completed form to Dr. Peter Miao at peter@drpetermiao.com &
Denise Guntert at floridakeyswfs@gmail.com*

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