

PACIFIC COAST COFFEE ASSOCIATION

*10th Annual  
Pete McLaughlin Cupping Competition*

*Featuring the Coffees of Guatemala*

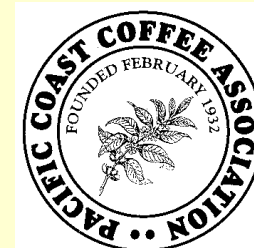
*Friday, April 30th, 2010*

*At*

*The Annex Warehouse  
Beginning at 10:00 am*

*Please see page two for all the details and payment  
information.*

**Please mark your calendars!**



**PACIFIC COAST COFFEE ASSOCIATION UPCOMING EVENT**

**\*SEPT 23-25, 2010**

**PCCA 79TH ANNUAL CONVENTION**

**TO BE HELD AT SILVERADO RESORT & SPA  
NAPA, CALIFORNIA.**

THE  
PACIFIC COAST COFFEE  
ASSOCIATION



Pete McLaughlin  
Cupping  
Competition

Come join us & cup the best  
coffees of *GUATEMALA*  
The top scoring coffee that YOU  
CHOOSE from this cupping  
event



will be awarded the  
“PCCA TOP CHOICE”

and will be recognized at the  
PCCA

79th Annual Convention  
being held this year at

Silverado Resort

where the

producer & winning cupper will  
each be awarded the

“*Pete McLaughlin*  
*Memorial Plaque*”

EVENT INFORMATION

WHEN:  
Friday, April 30, 2010  
Beginning at 10:00 a.m.



WHERE:  
The Annex  
3343 Arden Road  
Hayward, CA  
Tel(510) 887-9100  
Directions to The Annex will be on our  
website: [www.paccoffee.com](http://www.paccoffee.com)

SCHEDULE:  
10:00 a.m.  
Presentation By:

Mr. Luis Pedro Zelaya  
Zelcafé (Zelaya's Guatemalan Coffee) This  
Farm has been growing and exporting it's  
coffees since the 1920's.  
Director: Asociación Nacional del Café  
(ANACAFE) Is the Guatemalan National  
Coffee Association, representing all the  
coffee producers in the country.

Mr. Zelaya will discuss Guatemala, its  
coffees, current state, progress and future  
of their coffees,

11:00 a.m.  
Cupping Competition

11:30 - Lunch

COST INCLUDES:  
Competition, Lunch, PCCA Cupping Spoon  
& PCCA Cupping Apron: \$65.00 \*See  
payment form\*

RSVP: By Monday, April 26th  
Or call Lisa @ 925-858-2257  
Fax: 240-331-3236  
[www.paccoffee.com](http://www.paccoffee.com)



Registration Form:

Company Name:

Attendee Names:

Return to:  
PCCA, 1350 Arnold Drive, Suite 106,  
Martinez, CA 94553  
By Monday, April 26th  
Press SUBMIT Or fax registration  
form to: 1- 240-331-3236  
Thank you!!

PAYMENT INFORMATION:

\_\_\_\_\_ Check Enclosed  
\_\_\_\_\_ American Express  
\_\_\_\_\_ MasterCard  
\_\_\_\_\_ Visa

\$ Amount \_\_\_\_\_

Account# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name (as it appears on your card)

Address::

Email \_\_\_\_\_