

ENERGY & TECHNICAL SERVICES CONFERENCE



MANUFACTURER/RETAILER EXCHANGE SESSIONS

September 7 5:00pm – 6:30pm
September 8 5:00pm – 6:30pm

GUIDELINES

All vendors participating in the Exchange Sessions must abide by the following guidelines:

- All individuals who participate in the Exchange Sessions must be officially registered for the conference. The conference registration form and conference registration fee of the key contact must accompany the table reservation form and \$700 payment.
- The manufacturer/retailer exchange is not an exhibition. It is a technical exchange and an opportunity to get to know supermarket operators and answer their questions concerning your company and the development of new equipment, products and services.
- A six-foot table with skirting and standard sign with your company name will be provided by FMI.
- Displays must be limited to promotional material only. Audio, video or electrical equipment is not allowed except a laptop with a self-generating power source - electrical outlets will not be available. Pop-up displays, backdrops and product displays of any kind are not permitted. This policy will be strictly enforced.
- Table space location will be assigned by FMI and vendors will be required to remain in the assigned location. Vendors can begin table set-up at least 1 hour before each session. Vendors may not leave materials on tables overnight as the meeting space will be used for additional events. More information will be provided to the table contact closer to the conference date.
- Please email a description of your company for inclusion in the conference program/buyers guide. Please include company name, address, website, sales contact information and company description. Description should be no longer than 50 words and should include a brief overview of your company's products and services. Descriptions should be sent to **cpratt@fmi.org** by July 18, 2008.

SPACE IS LIMITED

Registration forms will be accepted on a first-paid, first-reserved basis.

TABLE REGISTRATION FORM

FMI ENERGY & TECHNICAL SERVICES CONFERENCE
OMNI ORLANDO RESORT AT CHAMPION'S GATE
ORLANDO, FLORIDA. SEPTEMBER 7-10, 2008

COMPANY INFORMATION

This information will be used in the conference directory/buyers guide.

Company _____ Phone _____
Mailing Address _____ Fax _____
City _____ State/Province _____ Zip _____
Website _____

Sales Contact (Who should attendees contact if they want more information about your products?)

Name _____ Phone _____ Email _____

COMPANY DESCRIPTION (50 words max). Please write below or email cpratt@fmi.org by July 18. FMI reserves the right to edit.

TABLE ASSIGNMENT INFORMATION (\$700 EACH)

Primary Competitors: 1. _____ 2. _____ 3. _____

FMI Table Contact (Who should FMI contact if they have questions about this table registration?)
(If different from key contact)

Name _____ Phone _____ Email _____

Program Ad Information: Manufacturer/retailer exchange participants can increase their visibility with the industry's leading retailers by purchasing a full page ad (9X4) in the conference directory/buyers guide, which is distributed to each attendee. Please send high resolution PDF or eps file to BQuigley@fmi.org and \$500 ad fee to FMI by July 18.

Payment Information: Table reservations will be accepted only if this form is accompanied by the \$700 payment (\$1200 if purchasing ad), the key contact's registration form and registration payment. Sorry, we cannot bill. *By purchasing table space you agree to abide by the guidelines listed on the vendor regulations sheet (see reverse). Due to fire code regulations, no exceptions can be made.*

Mail to FMI:

Food Marketing Institute
PO Box 758884, Lockbox 758884
Baltimore, MD 21275-8884

Fax forms with credit card information to:
202.220.0830

Questions: Contact Cliff Pratt
at cpratt@fmi.org or 202.220.0828

Note: Space is limited. Please respond promptly. Table reservations will be made on a first-paid, first-served basis. Refunds will be provided if a table is unavailable.

☐ Enclosed is my check for \$_____ (U.S. funds drawn on a U.S. bank payable to Food Marketing Institute) Ref. No.: 3800-004-0256

☐ Please charge \$_____ to my:
___ Visa ___ MasterCard ___ American Express

Account # _____

Expiration Date _____

Cardholder Name (print) _____

Cardholder Signature _____

FMI Use Only:

Batch Date: _____ Amount Received: _____ Check # _____

Account No.: 3800-004-0256

