

**LOSS PREVENTION CONFERENCE • MARCH 1-4, 2009 • HYATT REGENCY MISSION BAY SPA & MARINA, SAN DIEGO, CA**

To register online, go to [www.fmi.org/events/](http://www.fmi.org/events/), select Loss Prevention Conference, click on "register online," and follow instructions.

Registration questions? Contact Bonnie Cobbs at 202.220.0802 or [bcobbs@fmi.org](mailto:bcobbs@fmi.org).

Program questions? Contact Aileen Dullaghan Munster at 202.220.0704 or [amunster@fmi.org](mailto:amunster@fmi.org).

**Registration Information:** *(duplicate form for additional registrants)*

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Badge Name: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Confirm to: (if different from above) \_\_\_\_\_ E-mail: \_\_\_\_\_

Companion Name: (social events only) \_\_\_\_\_

**General Information:**

Are you a first-time registrant to this conference? ☐ Yes ☐ No

What are your top three Loss Prevention and Security areas of concern?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Hotel Information:**

Please make all room reservations directly with the Hyatt Regency Mission Bay Spa and Marina at 619.224.1234. Address: 1441 Quivira Rd. San Diego, CA 92109

**Registration Fee:** *(payment must be received prior to conference)*

☐ **\$795.00** FMI Retailer/Wholesaler Member

☐ **\$745.00** Per person if 3 or more paid attendees from the same company attend (FMI Retailer/Wholesaler Member only)

☐ **\$1125.00** FMI Associate Member

☐ **\$1350.00** Non-Member

☐ **Golf Tournament** (No charge for FMI Retailer/Wholesaler Members. All others add \$200)

**Member Note:** To qualify for FMI member rates, every participant must be an employee of an FMI member company. Please remember an FMI member is either a retailer or wholesaler paying annual dues to FMI. An associate member is a supplier company paying annual associate membership dues to FMI. All others are non-members.

**Payment Information:**

**Note:**

Payment is required to register for this conference. Walk-in registrations will be accepted only if accompanied by cash, company check or credit card payment of the registration fee. Sorry, we do not invoice.

☐ **Payment is for this registrant ONLY** ☐ **Payment is for this registrant and other(s)** \_\_\_\_\_

**Credit Card:** Please charge \$ \_\_\_\_\_ to my ☐ **Visa** ☐ **MasterCard** ☐ **American Express**

Card Holder's Name: (Print) \_\_\_\_\_ Account # \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

Fax this form with credit card information to 202.220.0830 (this is a secure fax).

**Check:** Enclosed is my check in the amount of \$ \_\_\_\_\_ (U.S. funds drawn on a U.S. bank – payable to the Food Marketing Institute).

Mail check with registration form to: Food Marketing Institute; PO Box 758884, Lockbox #758884, Baltimore, MD 21275-8884. Ref. #3600-004-0161

**Cancellation:**

All cancellations must be received in writing; please fax to 202.220.0830. 100% refund if notification is received prior to February 13th. 60% refund if notification is received by COB February 20th. If registration is not canceled prior to start of meeting, registrant will be responsible for paying full registration fee.



**Special Needs:** FMI is committed to participation in its programs by persons with disabilities.

☐ Please specify if you need accommodations: \_\_\_\_\_

In general, Treasury Regulation 1.162-5 permits an income tax deduction for educational expenses undertaken to maintain and improve professional skills.



**PLEASE KEEP A COPY OF THE COMPLETED REGISTRATION FORM FOR YOUR RECORDS**

**FMI Use Only:**

**Batch Date:** \_\_\_\_\_ **Amount Received:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Account No.:** 3600-004-0256