

TABLE REGISTRATION FORM

FMI ENERGY & TECHNICAL SERVICES CONFERENCE
HYATT GRAND CHAMPIONS, INDIAN WELLS, CA
SEPTEMBER 13-16, 2009

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 17. 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 17.

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

