



JUNE 14-16, 2009
THE WALDORF-ASTORIA • NEW YORK, NY



REGISTRATION FORM

REGISTRANT INFORMATION:

Prefix: _____ First Name: _____ Last Name: _____

Badge Name: _____ Title: _____

Company: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Confirm to: _____ Email: _____
(if different than above)

REGISTRATION FEES:

All fees must accompany registration.

FMI Retailer/Wholesaler Member:

Registration Fee

\$895

Private Brand Manufacturer:

\$895

FMI Associate Member:

\$995

Non-Member:

\$1095

Directory and

Housing Deadline:

May 22, 2009

Questions?

Call 202.220.0844

PAYMENT INFORMATION:

Mail payment and registration form to: Private Brands Summit, P.O. Box 758884, Lockbox #758884, Baltimore, MD 21275-8884

Enclosed is my check for _____ (U.S. funds drawn on a U.S. bank payable to Food Marketing Institute, Ref: 3600-013-0736)
(amount)

Fax this form with credit card information to 202.220.0830

Please charge _____ to my: Visa Mastercard American Express
(amount)

Account Number: _____ Exp. Date: _____

Cardholder Name: _____ Cardholder Signature: _____
(please print)

CANCELLATION:

A full refund is granted when a written cancellation is received by May 29, 2009. There is no refund if notification is received after May 29, 2009. Please notify the registrar of cancellation in writing via fax at 202.220.0830 or email sgeorge@fmi.org.

CONFIRMATION:

A confirmation will be sent to the email address provided above within 7 business days of receipt of registration and payment.

HOTEL:

The Waldorf-Astoria is located at 301 Park Avenue, New York, NY 10022. Hotel reservations must be made directly with The Waldorf-Astoria by calling 1.877.GROUP.WA. You will be required to provide GROUP CODE: FMI when making reservations. Room rates: \$299 single/double. Reservations must be made prior to **May 22, 2009** to receive the special FMI rate. Cancellations must be received 3 days prior to check-in date to receive a refund.

FMI is committed to participation in its programs by persons with disabilities. Please check if you need accommodations.

Please specify: _____

Batch Date: _____ Amount Received: _____ Check#/AC: _____
Account Number: 3600-013-0736