

REGISTRATION FORM

FMI Supermarket Pharmacy Conference

Co-located with the
GMDC Health Beauty Wellness Marketing Conference

DEADLINE: JULY 24

To register online, go to www.fmi.org/events/ select Pharmacy Conference, click on "register online" and follow the instructions.
Please fill out ONE form per person.

September 11-14, 2009

JW Marriott Orlando, Grande Lakes • Orlando, FL

DEADLINES:

JUNE 5 — You must complete the enclosed SEC form and return it if interested in participating in Strategic Executive Conferences (SECs)

JULY 24 — Conference Registration and Table Reservation Deadline

AUGUST 10 — Online Scheduler opens for Controlled Casual Conferences (CCCs) — formerly Business Appointments

Registration Questions? Please contact Cliff Pratt, cpratt@fmi.org or 202.220.0828

Program Questions? Please contact Pharmacy Services, pharm@fmi.org

Prefix: _____ First Name: _____ Last Name: _____

Badge Name: _____ Title: _____

Company: _____

Mailing Address: _____

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

Phone: _____ Fax: _____

E-mail (required for appointment-setting): _____

Companion/Spouse Name (no fee): _____

Confirm to (if different): _____

E-mail: _____

REGISTRATION FEE: Includes meetings materials, continental breakfasts, coffee breaks, lunches and receptions. Fee does not include hotel accommodations. (Payment of fee MUST be received prior to the start of the conference. Sorry, we cannot bill.)

FMI Retailer/Wholesaler Member: \$795 per person
 \$745 if three or more (paid) attend from the same FMI-member company

Associate Member: \$1,125 per person
Non-Member: \$1,350 per person

NOTE: Every participant — to qualify for FMI member rates — must be an employee of an FMI-member company. Please remember an FMI member is either a supermarket retailer or wholesaler paying annual dues to FMI. An associate member is a supplier company paying annual associate member dues to FMI. All others are non-members. Walk-in registrations are accepted only if accompanied by company check or credit card for payment of the registration fee.

PAYMENT INFORMATION:

Enclosed is my company check (U.S. funds—payable to Food Marketing Institute).

Mail to: Pharmacy Conference, P.O. Box 758884, Lockbox #758884, Baltimore, MD 21275-8884. Ref. No. 3600-004-0172

Please charge \$ _____ to my: Visa Mastercard AMEX Fax to: 202.220.0830

Account #: _____

Card Holder Name (please print): _____ Exp. Date: _____

Card Holder Signature (must sign to be valid): _____

GENERAL CANCELLATION POLICY: Please notify registrar in writing by email to cpratt@fmi.org or fax 202.220.0830. A full refund is granted when a cancellation is received prior to August 28, 2009. A 60% refund will be granted for cancellations received in writing by September 4, 2009. All registrations received after September 4, 2009 are non-refundable. **NO REFUND IS GRANTED IF NOTIFICATION IS RECEIVED AFTER SEPTEMBER 4, 2009.**

SUPPLIER CANCELLATION POLICY: Suppliers who cancel their primary representative's registration and table after **August 5, 2009** will be subject to a 20% penalty of the registration fee, as well as forfeiture of the cost of their table. After September 4, 2009, all registrations are non-refundable. All cancellations must be sent in writing to cpratt@fmi.org or fax 202.220.0830.

HOTEL INFORMATION: Fee does not include hotel accommodations. Hotel reservation must be made directly with the JW Marriott Grande Lakes (800.682.9956) by **August 3, 2009**. Mention group code **gmfgmfa** to receive the discounted Pharmacy Conference rate of \$199 USD single/double.

FMI USE ONLY:

BATCH DATE: _____ AMOUNT RECEIVED: _____ CHECK# _____

ACCOUNT NO.: 3600-004-0172

