

Registration Form

Registration Questions? Cliff Pratt at 202.220.0828 or cpratt@fmi.org.
Program Questions? Contact Aileen Dullaghan Munster at 202.220.0704 or amunster@fmi.org.
To Register Online: go to www.fmi.org/events/, select Risk Conference, click on "register online" and follow the instructions.



Doubletree Paradise Valley Resort Scottsdale, AZ October 25-28, 2009

Please fill out all the information below. Duplicate this form for additional registrants. Please fax to 202.220.0830

Registrant Information:

☐ Mr ☐ Ms Last _____ First _____
Title _____ Badge Name _____
Company _____
Mailing Address _____
City _____ State/Province _____ Country _____ Zip/Postal Code _____
Phone _____ Fax _____ E-mail _____
☐ Companion Name (No fee) _____

Confirm to

(if different from above) _____ E-mail _____

Registration Fee:

To qualify for FMI Member rates, participants must be an employee of an FMI Member company. An FMI Member is 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.

FMI Retailer/Wholesaler Member:

- ☐ \$795.00 per person
☐ \$745.00 per person if 3 or more attend from the same FMI Member Company

FMI Associate Member:

- ☐ \$1,125.00 per person

Non-Member:

- ☐ \$1,350.00 per person

Vendor Court Participant:

- ☐ \$500 Vendor Court Table
(All vendor court participants must be registered for the conference.)

General Information:

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

Cancellation:

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 October 9, 2009.
A 60% refund is granted if cancellation is received by October 16, 2009.
No refund if notification is received after October 16, 2009.

Payment Information:

Enclosed is my check in the amount of \$_____. If paying by check, mail this form with payment to Food Marketing Institute P.O. Box 758884, Lockbox 758884, Baltimore, MD 21275-8884; Reference No. 3600-004-0162. All checks must be U.S. funds payable to Food Marketing Institute. Walk-in registrations are welcome. Payment is required in advance of registration, we do not bill.

Please charge \$_____ to my:

☐ Visa ☐ MasterCard ☐ American Express

Account No. _____

Exp. Date _____

Card Holder Name _____
(please print)

Card Holder Signature _____
(must sign to be valid)

Fax this form with payment to Food Marketing Institute at 202.220.0830.

Hotel Information:

Please make room reservations with the Doubletree Paradise Valley by calling the hotel directly at 480.947.5400. The cutoff date for securing a room at the program rate of \$129 is October 1. After October 1, reservations will be accepted on a space-available basis and higher rates may apply. Make reservations online by accessing the link on the FMI Risk Conference page.



FMI is committed to participation in its programs by persons with disabilities.

☐ Please check if you need accommodations.

Please specify. _____

FMI Use Only:

Batch Date: _____ Amount Received: _____ Check # _____

Account No.: 3600-004-0162