

SUPERMARKET HEALTH & WELLNESS INTEGRATED APPROACHES FOR CUSTOMERS

May 11 – 13, 2010 (May 10, optional) • The Mandalay Bay • Las Vegas, Nevada

General Guidelines for Business Appointments

FMI's Business Appointments are an opportunity for business partners to meet in a scheduled forum designed to maximize the time and resources of both parties. Suppliers schedule meetings with supermarket pharmacy/health and wellness executives to briefly introduce themselves/their company, discuss their products and services or review current activities. All individuals who participate in the Business Appointments must be registered for the Health & Wellness Conference.

Retailers and suppliers who plan to participate in the Business Appointments must register for the Health & Wellness Conference by March 26. The supplier table reservation form and fee must also be submitted to FMI by the registration deadline. Supplier companies that do not purchase a table may NOT participate in Business Appointments.

Business Appointments meetings will be scheduled online through the FMI online scheduling tool. Detailed instructions about the online scheduling process and a list of conference registrants will be sent out to all registered attendees before the online scheduling tool goes "live" in early April.

Company representatives are responsible for scheduling their own appointments. Attendees can schedule up to 30 separate 15-minute meetings with business partners. You can schedule back-to-back meetings (30 minutes) for appointments requiring more time. Attendees should schedule their own "breaktime" as needed. All business appointments will be held on Wednesday, May 12 (8:00 am - 12:00 pm and 1:30 pm - 5:00 pm).

Additional Guidelines for Suppliers

Each supplier company can reserve one table at \$750 and can purchase additional tables at \$500 each.

Each company will be assigned a small table (with four chairs) where literature may be displayed. A sign with the company's name will be provided by FMI.

No tabletop displays or promotional "giveaways" are permitted. No audio, video or electrical equipment is available (companies are welcome to bring laptop computers with a self-generated power source).

Suppliers should NOT double book their appointments with retailers.

Appointments are more productive with advanced preparation. Suppliers are also encouraged to send literature regarding their products/services to their retail appointments in advance of the conference.



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TABLE RESERVATION FORM DEADLINE: MARCH 26

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COMPANY INFORMATION:

This information will be used in the conference directory.

Company: _____

Mailing Address: _____

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

Phone: _____ Fax: _____

Website: _____

Key Contact Name (Lead person at company table): _____

Phone (if different): _____ E-mail: _____

Please send me information about associate membership at FMI.

COMPANY DESCRIPTION (50 words max): Please email to sleutz@fmi.org or write below by March 26. FMI reserves the right to edit.

Please keep my table away from the following competitors: _____

PLEASE PRINT OR TYPE YOUR COMPANY NAME IN THE BOX BELOW EXACTLY AS YOU WANT IT TO READ ON YOUR SIGN:

PAYMENT INFORMATION: Reservations will be confirmed ONLY if this form is accompanied by payment. The key contact's conference registration form and fee must also be enclosed. Sorry, we cannot bill.

SUPPLIER CANCELLATION POLICY: After April 5, suppliers who cancel their primary representative's registration and table will be subject to a 20% penalty of the registration fee, as well as forfeiture of the cost of their table.

MAIL TO FMI:
Food Marketing Institute
P.O. Box 758870, Lockbox 758870
Baltimore, MD 21275-8884

FAX FORMS WITH CREDIT CARD INFORMATION TO:
202.220.0830

QUESTIONS: Contact Susan Lentz at sleutz@fmi.org or 202.220.0828

RESERVE: \$750 (table) \$500 (additional table)

Enclosed is my company check for \$ _____ (U.S. funds drawn on a U.S. bank payable to Food Marketing Institute) Ref. No.: 3800-004-0172

Please charge \$ _____ to my: Visa MasterCard American Express

Acct. Number: _____

Expiration Date: _____

Card Holder Name (please print): _____

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

NOTE: Space is limited! Please respond promptly. Reservations will be made on a first-paid, first-served basis. Refunds will be provided if a table is unavailable. Companies can reserve additional tables for \$500 each.



in conjunction with