



## RETAILER AND WHOLESALER COMMITMENT FORM

Yes, we will participate in the Business Conference  
 No, we will not participate in the Business Conference

**COMPANY NAME:** \_\_\_\_\_

**SCHEDULER CONTACT INFORMATION:** Please provide the name of the primary contact that is Responsible for setting up appointments:

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Contact Email \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**EXECUTIVE CONTACT INFORMATION:** Please provide the name of your executive that will be Attending the meeting for the Directory. Please fill in only the information that differs from the primary contact.

Executive Name \_\_\_\_\_

Executive Title \_\_\_\_\_

Executive Email \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Please return this form by August 13, 2010 to:**

Suzanne George, Sr. Manager, Registrant Services

Food Marketing Institute

2345 Crystal Drive, Suite 800, Arlington, VA 22202

Phone: 202.220.0820 Fax: 202.220.0830 E-mail: [sgeorge@fmi.org](mailto:sgeorge@fmi.org)

**\*Appointment Scheduling will begin on Tuesday, August 24, 2010**