

2011 HEALTH & WELLNESS

INTEGRATED APPROACHES FOR CUSTOMERS

April 3-5, 2011 • Omni Resort at ChampionsGate • Orlando, FL

TABLE RESERVATION FORM

DEADLINE: FEBRUARY 11 Please return this form with an individual registration form, payment and company description to slentz@fmi.org by February 11, 2011.

COMPANY INFORMATION:

This information will be used in the conference directory.

Company: _____
(as you would like it to appear on your sign)

Mailing Address: _____

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

Main Phone: _____

Website: _____

COMPANY DESCRIPTION (50 words max): Please email to slentz@fmi.org by February 11, 2011. FMI reserves the right to edit.

SALES CONTACT:

(Who should attendees contact if they want information about your products/services listed in the conference directory?)

Name: _____ Phone: _____ Email: _____
(if different)

TABLE CONTACT:

(Who should FMI contact if we have questions about this table registration?)

Name: _____ Phone: _____ Email: _____

FMI assigns table locations. Please let us know if there are any primary competitors you do not want to be placed near.

1. _____ 2. _____ 3. _____

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.

MAIL TO FMI:

Food Marketing Institute
P.O. Box 758870, Lockbox 758870
Baltimore, MD 21275-8870
Ref#: 3800-004-0172

SUPPLIER CANCELLATION POLICY: After **February 28, 2011**, 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. All cancellations must be sent to slentz@fmi.org or faxed to 202.220.0830.

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.

FAX FORMS WITH CREDIT CARD INFORMATION TO: 202.220.0830 • **QUESTIONS:** Contact Susan Lentz at slentz@fmi.org or 202.220.0828

