

2011

HEALTH & WELLNESS

INTEGRATED APPROACHES FOR CUSTOMERS

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

TABLE RESERVATION FORM

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 sleutz@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: _____ (if different) Email: _____

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 sleutz@fmi.org or faxed to 202.220.0830.

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

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

