



RETAILER AND WHOLESALER **COMMITMENT FORM**

 ☐ No, we will not participate in the Business Conference
COMPANY NAME:
CHEDULER CONTACT INFORMATION: Please provide the name of the primary contact that responsible for setting up appointments:
ontact Name
ontact Title
ontact Email
ddress
ty State/Province Zip/Postal Code
elephone Fax
KECUTIVE CONTACT INFORMATION: Please provide the name of your executive that will be tending the meeting for the Directory. Please fill in only the information that differs from the imary contact.
recutive Name
cecutive Title
recutive Email
ddress
ty State/Province Zip/Postal Code
elephone Fax
• Please send a 25-word Company description to assist the Suppliers in requesting and setting up

appointments with your company.

Please return this form by October 21, 2013 to:

Suzanne George, Sr. Manager, Education Food Marketing Institute

2345 Crystal Drive, Suite 800, Arlington, VA 22202

Phone: 202.220.0820 Fax: 202.220.0830 E-mail: sgeorge@fmi.org