

SUPPLIER COMMITMENT FORM

| | ∐ Yes, we will participate in the Bu] No, we will not participate in the l | |
|-----------------------|---|--|
| | : | |
| SCHEDULER CONT | | the name of the primary contact that |
| Contact Name | | |
| | | |
| | | |
| | | |
| | | Zip/Postal Code |
| Telephone | Fax | |
| financially responsik | ACT INFORMATION: Please provide ole and attending the meeting for the fers from the primary contact. | the name of the executive that will be Directory. Please fill in only the |
| Executive Name | | |
| Executive Title | | |
| Executive Email | | |
| Address | | |
| City | State/Province | Zip/Postal Code |
| Telephone | Fax | |

- We are making a commitment to the Food Marketing Institute to participate in the Annual Business Conference. We agree to pay the Business Conference fee to participate as a Supplier.
- Please send a 25-word Company description to assist the Retailers and Wholesalers 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