



**BUSINESS
CONFERENCE**
private brands



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 _____

- ☐ We are making a commitment to the Food Marketing Institute to participate in the Private Brands Business Conference.
☐ Please send a 25-word Company description to assist the Suppliers in requesting and setting up appointments with your company.

Please confirm your commitment by September 17, 2014 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

***Appointment scheduling will begin on Tuesday, September 24, 2014**