



SUPPLIER COMMITMENT FORM

□Yes, we	will participate in the B	usiness Conference
\square No, we w	ill not participate in the	Business Conference
COMPANY NAME:		
SCHEDULER CONTACT I		e the name of the primary contact that
Contact Name		
Contact Title		
Address		
City	State/Province	Zip/Postal Code
Telephone	Fax	
financially responsible and information that differs from	d attending the meeting for the om the primary contact.	the name of the executive that will be Directory. Please fill in only the
		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, 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