



ANNUAL BUSINESS CONFERENCE

effective. fast. focused.

March 2-4, 2015

JW Marriott
Chicago, IL



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 _____

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 _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ 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, 2014 to:

Suzanne George, Sr. Manager, Education
Food Marketing Institute

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