



**A N N U A L
BUSINESS
CONFERENCE**
effective. fast. focused.



SUPPLIER COMMITMENT FORM

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 the executive that will be financially responsible and 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 _____

TERMS AND CONDITIONS

In submitting this commitment form to participate in the Annual Business Conference, I understand that: (1) there is an additional fee to participate in the Annual Business Conference and to reserve private meeting space; (2) I must register for the Annual Business Conference; and (3) cancellations must be made directly with Marc Thomas; abcinfo@fmi.org, by June 2nd, 2017 in order to receive a full refund.

I understand that suites are limited and assigned on a first come, first served basis.

I have read and agree to the terms and conditions stated above.

INSTRUCTIONS

Please send a 25-word Company description to assist the Retailers in requesting and setting up appointments with your company.

SEND COMMITMENT FORM BY APRIL 21, 2017

Please fax, email or mail back completed commitment form to:

Marc Thomas • abcinfo@fmi.org • (p) 202.220.0804 • (f) 202.220.0830 • Food Marketing Institute, 2345 Crystal Drive, Suite 800, Arlington, VA 22202