



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 _____

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 June 30, 2011 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 Thursday, July 21, 2011**