



September 27-29, 2011  
Hyatt Regency Chicago  
Chicago, Illinois

Co-located with



## SUPPLIER 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 the 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. We agree to pay the \$9,000 fee (by September 9, 2011) to participate as a Supplier. FMI will send an invoice for this amount, payable upon receipt. FMI agrees to provide a suite for our appointments.  
☐ 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 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](mailto:sgeorge@fmi.org)

**\*Appointment scheduling will begin on Thursday, July 21, 2011**