FMI STRATEGIC EXECUTIVE EXCHANGE
RETAILER AND WHOLESALER 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

COUNTRY

PHONE

EXECUTIVE CONTACT INFORMATION
Please provide the name of the primary contact that will be attending the meeting(s).

EXECUTIVE NAME

EXECUTIVE TITLE

EXECUTIVE EMAIL

ADDRESS

CITY/STATE/PROVINCE/ZIP

COUNTRY

OFFICE PHONE #

ON-SITE CONTACT #

☐ Please email a 25-word Company description to cwiggins@fmi.org to assist retailers, wholesalers and service providers in requesting and setting up appointments with your company.

Send Commitment Form by **September 3, 2012**

CONTACT: CHARMAINE WIGGINS • T 202.220.0702 • F 202.220.0877 • CWIGGINS@FMI.ORG
2345 CRYSTAL DRIVE, SUITE 800, ARLINGTON, VA 22202

ALL ELIGIBLE PARTICIPANTS MUST REGISTER FOR THE FMI MIDWINTER EXECUTIVE CONFERENCE AT WWW.FMI.ORG/MW2013

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THE VOICE OF FOOD RETAIL