



RETAILER AND WHOLESALER COMMITMENT FORM

☐ Yes, we will participate in the Business Conference

□ No	o, we will not participate in the	Business Conference
COMPANY NAME	:	
SCHEDULER CONTACT is responsible for setting	•	e the name of the primary contact that
Contact Name		
		Zip/Postal Code
Telephone	Fax	
	•	e the name of your executive that will be ly the information that differs from the
Executive Name		
Executive Title		
Executive Email		
City	State/Province	Zip/Postal Code
Telephone	Fax	
• Please send a 25-wor	d Company description to assist th	ne Suppliers in requesting and setting up

Please return this form by October 19, 2012 to:

appointments with your company.

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