



## SUPPLIER COMMITMENT FORM

	s, we will participate in the B we will not participate in the	
COMPANY NAME:		
SCHEDULER CONTACT I		e the name of the primary contact that
Contact Name		
Contact Title		
Contact Email		
Address		
		Zip/Postal Code
Telephone	Fax	
	l attending the meeting for the	the name of the executive that will be Directory. Please fill in only the
Executive Name		
Executive Title		
Executive Email		
Address		
		Zip/Postal Code
Telephone	Fax	

- We are making a commitment to the Food Marketing Institute to participate in the Annual Business Conference. We agree to pay the Business Conference fee to participate as a Supplier.
- 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 October 19, 2012 to:

Suzanne George, Sr. Manager Education
Food Marketing Institute

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