

FOOD INDUSTRIES SALES MANAGERS' CLUB OF LOS ANGELES, INC.

is Proud to Announce a Dinner Honoring

Bristol Farms
Your Extraordinary Food Store



Please join us for a special evening of networking
and insights into Bristol Farms' current business.

Many Bristol Farms associates will be in attendance! Keynote Speakers:

Kevin Davis, Pat Posey and Adam Caldecott!

Space is limited. Reservations are taken on a first come, first served
basis and must be received by Tuesday, September 6, 2011.

Thursday, September 15, 2011

The Summit House Restaurant

2000 E. Bastanchury Road, Fullerton, CA 92835

6:00 p.m. - Reception; 7:00 p.m. - Dinner

Attire: Business Casual

Reservations:

Kristal Clark, CROSSMARK (626)833-6458

Please R.S.V.P. no later than September 6, 2011 by mail, email or fax to:

Kristal Clark, CROSSMARK

2401 E. Katella Ave., Suite 625 Anaheim, CA 92806

(626) 833-6458 or Fax (714) 602-4489

Kristal.Clark@crossmark.com



Bristol Farms

An Extraordinary Food Store.®

Summit House Restaurant

Reception - 6:00 PM, Dinner - 7:00 PM

FISMC Member Cost: \$75 per ticket or \$525 for table of eight

Non-Member Cost: \$85 per ticket or \$595 for table of eight

1. _____
 Member Name Primary E-Mail Address Primary Phone Number

Company Address City Zip

Grocer / Associate

(List names and company name as they will appear on badges)

2. _____
 Name Company

3. _____
 Name Company

4. _____
 Name Company

5. _____
 Name Company

6. _____
 Name Company

7. _____
 Name Company

8. _____
 Name Company

Reserved Member Table of Eight _____ @ \$ 525.00 = \$ _____

Reserved Non-Member Table of Eight _____ @ \$ 595.00 = \$ _____

Reserved Member Individual Tickets _____ @ \$ 75.00 = \$ _____

Reserved Non-Member Individual Tickets _____ @ \$ 85.00 = \$ _____

Total Due: = \$ _____

Meal Selections : Prime Rib _____; Chicken _____

MAKE CHECKS PAYABLE TO FISMC. MAIL CHECKS & Form to:

Kristal Clark, Account Executive, Crossmark

2401 E. Katella Ave., Suite 625 , Anaheim, CA 92806

(626)833-6458 | Fax (714) 602-4489 kristal.clark@crossmark.com

➡ **Credit Card Payment option:**

FISMC Tax ID # 956093421

Card Number: _____ Card Type: _____ Expiration Date: _____

Card Holder Name & Company : _____ Phone Number: _____

Billing Address: _____ City _____ State _____ Zip Code: _____

Card Holder Email: _____ Signature: _____

Total Number Attending: _____ Total Remittance: \$ _____

Please include this form with payment

R.S.V.P. by Tuesday, September 6, 2011