

FREE LISTING!

*****FREE LISTING! - RETURN YOUR COMPANY'S FORM TODAY*****
2012 BUYER'S GUIDE LISTING FORM
 This is your company's OPPORTUNITY TO RECEIVE a FREE, UPDATED LISTING in *Vitamin Retailer's* 2012 Buyer's Guide (to be printed October 2011). You must complete and return this form in order to have a complete and accurate listing in the Buyer's Guide. Return **YOUR COMPLETED FORM** no later than **August 24, 2011**. Thank you if have already done so. **FAX TO Raj Leventhal Attn: (732) 432-9288; MAIL TO: VITAMIN RETAILER, 431 CRANBURY ROAD, SUITE C, EAST BRUNSWICK, NJ 08816; OR EMAIL TO: RAJL@VITAMINRETAILER.COM** If you have any questions call **RAJ LEVENTHAL** at **(732) 432-9600, EXTENSION 105**.

PART A: FOR ALL COMPANIES OR ORGANIZATIONS

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR COMPANY

1. PRIMARY BUSINESS CLASSIFICATION (check only one):

- Manufacturer of Branded Products Sold at Retail Raw Material Supplier Contract Manufacturer Broker Association
- Private Labeler to Retail Stores Equipment Manufacturer Packaging Materials Supplier Distributor/Wholesaler
- Consultant/Service Co. Publisher/Media Co. Store Equipment Supplier

(Please print legibly)

2. COMPANY NAME: _____

3. ADDRESS: _____ **4. CITY:** _____

5. STATE: _____ **6. ZIP:** _____ **7. TOLL FREE:** _____

8. PHONE: _____ **9. FAX:** _____

10. EMAIL ADDRESS: _____ **11. WEBSITE:** _____

12. COMPANY'S KEY EXECUTIVES (List name and title below for up to 4 people):

<p>a. _____</p> <p style="text-align: center;"><i>Name</i> <i>Title</i></p>	<p>c. _____</p> <p style="text-align: center;"><i>Name</i> <i>Title</i></p>
<p>b. _____</p> <p style="text-align: center;"><i>Name</i> <i>Title</i></p>	<p>d. _____</p> <p style="text-align: center;"><i>Name</i> <i>Title</i></p>

13. COMPANY'S ASSOCIATION MEMBERSHIPS (check all that apply):

- American Herbal Products Assn. (AHPA)
- Canadian Health Food Association (CHFA)
- Consultants Assn. - Natural Industry (CANI)
- Consumer Healthcare Products Assn. (CHPA)
- Council for Responsible Nutrition (CRN)
- Global Organization for EPA and DHA Omega-3 (GOED Omega-3)
- International Probiotics Association
- Natural Products Association

PART B: FOR MANUFACTURERS OF BRANDED PRODUCTS ONLY

1. DISTRIBUTION CHANNEL (check one):

- Direct to Retail Only Through Distributors Only Direct to Retail and Through Distributors

2. DISTRIBUTORS WHO CARRY YOUR PRODUCTS (check all that apply):

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> All Natural Distributors | <input type="checkbox"/> Blooming Prairie | <input type="checkbox"/> B.O.S.S | <input type="checkbox"/> Elk River Trading | <input type="checkbox"/> Forcite /The Source |
| <input type="checkbox"/> Ginseng Co. | <input type="checkbox"/> H-P Distributors | <input type="checkbox"/> Independence Dist. | <input type="checkbox"/> J.S. Enterprises | <input type="checkbox"/> Lotus Light |
| <input type="checkbox"/> Mt. People's Warehouse | <input type="checkbox"/> Nature's Best | <input type="checkbox"/> Northbest Dist. | <input type="checkbox"/> Palko Distributing | <input type="checkbox"/> Ozark Cooperative |
| <input type="checkbox"/> Select Nutrition | <input type="checkbox"/> Super Natural | <input type="checkbox"/> Tree of Life (all houses) | <input type="checkbox"/> Tree MW | <input type="checkbox"/> Tree NE |
| <input type="checkbox"/> Tree NW | <input type="checkbox"/> Tree SE | <input type="checkbox"/> Tree SW | <input type="checkbox"/> Tree West | <input type="checkbox"/> United Natural Foods |
| <input type="checkbox"/> UNFI (IA) | <input type="checkbox"/> UNFI (NH) | <input type="checkbox"/> U.S. Health Dist. | | |

3. PRIMARY U.S. BROKERS (list up to six brokers):

4. COMPANY SERVICES (check all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Co-op Advertising | <input type="checkbox"/> Demos | <input type="checkbox"/> Monthly Specials | <input type="checkbox"/> Consumer Literature |
| <input type="checkbox"/> Customer Srvc. Rep | <input type="checkbox"/> Product Samples | <input type="checkbox"/> Counter/Floor Displays | <input type="checkbox"/> Field Sales Reps |

PART C: FOR WHOLESALE DISTRIBUTORS AND BROKERS

1. REGION(S) OF OPERATION (check either "All of U.S." or individual regions): All of U.S. Canada Puerto Rico/U.S. Territories
- Midwest Mid-Atlantic Northeast Pacific Rocky Mtns. South Central Southeast

PART D: FOR WHOLESALE DISTRIBUTORS ONLY

1. DISTRIBUTION METHOD (check all that apply): Common Carrier Own Truck Courier (UPS, Airborne, etc.) USPS

PART E: FOR CONSULTANTS/SERVICE COMPANIES ONLY

1. TYPE OF SERVICE(S) PROVIDED (check all that apply):

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Legal | <input type="checkbox"/> Legislative | <input type="checkbox"/> Advertising | <input type="checkbox"/> Educational | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Merchandising | <input type="checkbox"/> Packaging Design | <input type="checkbox"/> Management | <input type="checkbox"/> Market Research | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Product Development | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Retail Consulting |
| | | <input type="checkbox"/> Website Development | <input type="checkbox"/> Other: | _____ |

THIS FORM WAS COMPLETED BY: _____ TITLE: _____

**THE BUYER'S GUIDE IS THE BEST ADVERTISING OPPORTUNITY OF THE YEAR:
12-MONTH SHELF LIFE...12-MONTH READER SERVICE CARD...PLUS, SAME LOW AD RATES!**

- Please contact me to receive no-obligation information about advertising in the Buyer's Guide. See insert for additional information.

Advertising Contact Name: _____ Telephone: _____

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