



PART 1: ATTENDEE INFORMATION

Please fill out entire registration form completely. (One form per person.) Part 1: Attendee Information must be completed for registration processing.

- Yes No My information can be shared with exhibitors for a ONE-TIME pre & post show touch.
 Yes No This is my first Retail's BIG Show. If NO, # of shows (over the years) attended: _____
 Yes No I wish to start/renew my **FREE** subscription to *STORES* Magazine.
 Yes No I wish to receive NRF SmartBrief, a **FREE** daily email of retail news.
 Yes No Would you like to learn more about NRF's advocacy efforts on Capitol Hill/Washington, DC?
 MR. MRS. MS.

Full Name: _____ Job Title: _____
 Company: _____ Is your company a retail? Yes No
 Address: _____ City: _____ State: _____ Postal Code: _____
 Country: _____ Direct Phone: _____
 Cell: _____ Fax: _____
 Business Email: _____ I confirm that the email address provided is legitimate. Yes No

- LEVEL**
- | | |
|--|--|
| <input type="checkbox"/> C-Suite (CEO, CFO, CIO/CTO, CMO, COO) | <input type="checkbox"/> General Counsel |
| <input type="checkbox"/> Senior Executive: SVP, EVP | <input type="checkbox"/> President |
| <input type="checkbox"/> Director | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Manager |
| | <input type="checkbox"/> Educator |
| | <input type="checkbox"/> Owner/Principal |

- JOB ROLE**
- | | |
|---|--|
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Distributing/Supply Chain/Logistics |
| <input type="checkbox"/> Customer Service & Support | <input type="checkbox"/> Events/Trade Show Management |
| <input type="checkbox"/> E-Commerce/Digital | <input type="checkbox"/> IT/Information Systems, MIS |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Merchandising |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Research | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Consulting | |

- ROLE IN COMPANY PURCHASE DECISIONS**
- | | |
|------------------------------------|--|
| <input type="checkbox"/> Final Say | <input type="checkbox"/> Specify Supplier/ Product |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> No Role |

- WHAT IS THE APPROXIMATE COMPANY PURCHASE WITHIN THE NEXT YEAR ON ECOMMERCE TECHNOLOGIES?**
- | |
|---|
| <input type="checkbox"/> Up to \$100K |
| <input type="checkbox"/> \$100,001 to \$250,000 |
| <input type="checkbox"/> \$250,001 or more |

- TYPE OF STORE OR BUSINESS - NON-RETAILERS ONLY**
- | | |
|---|---|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Private Investment/Holding Company | <input type="checkbox"/> Association |
| <input type="checkbox"/> Mail/Real Estate | <input type="checkbox"/> Bank/Finance |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Manufacturing/CPG |
| <input type="checkbox"/> Start Up | <input type="checkbox"/> Software |
| | <input type="checkbox"/> Supply Chain/Logistics |
| | <input type="checkbox"/> Venture Capital |

- ADA Services**
 Please indicate if you require special services: Yes No
 If yes, please list: _____

PART 2: REGISTRATION FEES

Full Conference - Includes sessions & access to EXPO Hall.

- NON-RETAILER—NRF MEMBER**—Maximum 10 per company
 Full Conference \$2,000
 EXPO Only \$1,250
- NON-RETAILER—NON-MEMBER**—Maximum 4 per company
 Full Conference \$3,000
 EXPO Only \$1,250
- INTERPRETATION**—Portuguese Only
 \$100
- CANADIANS ONLY**
 Yes No
 I wish to receive emails and other electronic communications about NRF and NRF Foundation events, activities, and retail news.
 You may change this selection at any time by logging in to your registration record and updating your preferences.

PART 3: PAYMENT METHOD

TOTAL AMOUNT DUE (Registration fee and/or Interpretation, if selected): _____

PAYMENT METHOD: Cash Wire Transfer** Amex Diners Club
 Check # _____ Discover MasterCard VISA

CREDIT CARD #: _____ EXP. DATE: _____
 NAME ON CARD: _____ CW: _____
 BILLING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 SIGNATURE: _____

*Please make all checks payable to:
National Retail Federation (U.S. DOLLARS ONLY)
 **For Wire Transfer Information, please email requests to wiretransfer-reg@nrf.com

- RETURN THIS FORM WITH PAYMENT TO:**
MAIL: NRF 2018 — C/O EXPERIENT
 5202 President's Court, Room G100, Frederick, MD 21703
FAX: 301-694-5124
QUESTIONS: 800-974-9069 or 847-996-5898

BADGE RE-PRINT POLICY
 The re-print fee for a lost or stolen badge is 100% of original paid fee. *Badge sharing is prohibited.*
 I acknowledge these policies.

REGISTRATION POLICY
 No person under the age of 18 will be admitted into the exposition. No cameras or videos allowed.
CANCELLATIONS—All cancellation requests must be in writing. Requests received by **December 26, 2017**, will receive a full refund. No refunds for requests received after **December 26, 2017**, regardless of when the registration is received. Non-attendance does not constitute cancellation.
SUBSTITUTIONS—All requests for substitutions must be made in writing and cannot be made once you have checked into the event or sub-event on-site.