



## 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- and post-show touch.
- Yes  No This is my first Retail's BIG Show. If NO, # of shows (2014-2018) 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 in Washington, D.C.?
- MR.  MRS.  MS.  DR.  MX.
- 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.

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Is your company a retailer?  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**
- C-Suite (CEO, CFO, CIO/CTO, CMO, COO)
- Senior Executive: SVP, EVP
- Director
- Analyst
- President/Owner/Principal
- Vice President
- Manager

- JOB FUNCTION**
- Analyst/Research
- Business Development
- Consulting
- Customer Service & Support
- Cybersecurity
- Distribution/Supply Chain/Logistics
- Ecommerce/Digital
- Educator
- Finance
- Government/Public Affairs
- Human Resources
- Investor Relations
- IT, Information Systems, MIS
- Legal
- Loss Prevention
- Marketing
- Merchandising/Planning
- Mobile
- Online Merchandising
- Public Relations
- Retail Store Operations
- Sales
- Store Management
- Strategic Planning
- Visual Merchandising
- Operations
- Other

- ROLE IN COMPANY PURCHASE DECISIONS**
- Final Say
- Recommend
- Specify Supplier/ Product
- No Role

- HOW MUCH DO YOU PLAN TO SPEND OVER THE NEXT YEAR ON SOLUTIONS SEEN ON THE EXPO FLOOR?**
- Up to \$100K
- \$100,000 - \$250,000
- \$250,000 - \$499,000
- \$499,001 - or more

- TYPE OF STORE OR BUSINESS - NON-RETAILERS ONLY**
- Agency
- Private Investment/Holding Company
- Mail/Real Estate
- Service Provider
- Startup
- Technology
- Association
- Bank/Finance
- Manufacturing/CPG
- Software
- Supply Chain/Logistics
- Venture Capital

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

### BADGE RE-PRINT POLICY

The re-print fee for a lost or stolen badge is 100% of original paid fee. *Badge sharing is prohibited.*

### REGISTRATION POLICIES

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 28, 2018**, will receive a full refund. No refunds for requests received after **December 28, 2018**, 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.

I acknowledge these policies.

## PART 2: REGISTRATION FEES

Full Conference - Includes sessions and access to EXPO Hall.

**NON-RETAILER—NRF MEMBER**—Maximum 8 per company

Full Conference  \$2275

EXPO Only  \$1,500

**NON-RETAILER—NON-MEMBER**—Maximum 4 per company

Full Conference  \$3,275

EXPO Only  \$1,500

Venture Capitalist, Private/Investment Holding Company  \$400

**Guided Tours**—See [nrfbigshow.com/tours](http://nrfbigshow.com/tours) for descriptions.

Tours are conducted in English only  \$180 per person/per tour

**Interpretation**—Portuguese Only  \$100

## 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](mailto:wiretransfer-reg@nrf.com)

### RETURN THIS FORM WITH PAYMENT TO:

**MAIL:** NRF 2019 — C/O EXPERIENT  
5202 President's Court, Room G100, Frederick, MD 21703

**FAX:** 301-694-5124

**QUESTIONS:** 800-974-9069 or 847-996-5898