

PART 1: ATTENDEE INFORMATION Please fill out entire registration form completely (One form per person).

MR. MRS. MS.

NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS: _____ ADDRESS 2: _____

CITY: _____ STATE: _____

POSTAL CODE: _____ COUNTRY: _____

DIRECT PHONE: _____ CELL: _____

BUSINESS EMAIL: _____

WEBSITE: _____

Title/Level

- | | |
|--|--|
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Manager |
| <input type="checkbox"/> C-Suite (CEO, CFO, CIO/CTO, CMO, COO) | <input type="checkbox"/> Owner/Principal |
| <input type="checkbox"/> Director | <input type="checkbox"/> President/Managing Director |
| <input type="checkbox"/> Detective/Agent | <input type="checkbox"/> Senior Executive: SVP, EVP |
| | <input type="checkbox"/> Senior or General Manager |

Job Function

- | | | |
|---|---|---|
| <input type="checkbox"/> Asset Protection | <input type="checkbox"/> Technology | <input type="checkbox"/> C-Level |
| <input type="checkbox"/> Corporate Investigations | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Loss Prevention | <input type="checkbox"/> Detective/Agent |
| <input type="checkbox"/> Finance/Accounting/Auditor | <input type="checkbox"/> Operations | <input type="checkbox"/> Director |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Educator |
| <input type="checkbox"/> HR/Legal | <input type="checkbox"/> Safety | <input type="checkbox"/> Senior or General Manager |
| <input type="checkbox"/> Information | <input type="checkbox"/> Security Management | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Analyst | <input type="checkbox"/> Senior Executive: SVP, EVP |
| | <input type="checkbox"/> Auditor | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Business Development/Sales | |

Role in Company Purchase Decisions

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Final Say | <input type="checkbox"/> Specific Supplier/Product |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> No Role |

Business Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Mall/Real Estate | <input type="checkbox"/> Start Up |
| <input type="checkbox"/> Association | <input type="checkbox"/> Manufacturing/CPG | <input type="checkbox"/> Supply Chain/Logistics |
| <input type="checkbox"/> Bank/Finance | <input type="checkbox"/> Private Investment/Holding Company | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Law Enforcement/Security | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Venture Capitalist |
| | <input type="checkbox"/> Software | |

ADA Services

Please indicate if you require special services: Yes No

If yes, please indicate: _____



- 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 My information can be shared with exhibitors for a one-time pre & post show touch.
- Yes No Is this your first NRF PROTECT show? If no, # of years attended _____.
- Yes No Would you like to learn more about NRF's advocacy efforts on Capitol Hill/Washington, DC?

PART 2: REGISTRATION FEE SELECTION

FULL CONFERENCE REGISTRATION

Non-retailer Member (limit of 4 people per company)

\$1600 per person

Non-retailer Non-Member (limit of 2 people per company)

\$1900 per person

Law Enforcement — Must provide government issued ID when picking up badge

\$325

Educator/Student — Must provide current school ID when picking up badge

\$325

EXPO ONLY REGISTRATION

EXPO HALL PASS—Access to EXPO Floor only (Law Enforcement Only).

Law Enforcement EXPO Pass

Please note: Non-Retail companies are not eligible to for the EXPO Hall Pass only; non-retail companies may only register for full conference. Visit www.nrfprotect.com to view exhibit and sponsorship opportunities or for more additional information about the EXPO Hall pass eligibility.

PART 3: METHOD OF PAYMENT

TOTAL AMOUNT DUE: \$ _____

PAYMENT METHOD:

Credit Card Check (US funds only) Wire transfer

If you wish to pay via credit card, a secure link will be sent to you after your registration is confirmed.

RETURN THIS FORM WITH PAYMENT TO:

Email: NRFProtect@experient-inc.com

Mail: NRFPROTECT17 c/o Experient,
 5202 President's Court, Room G100, Frederick, MD 21703

FAX: 301-694-5124

QUESTIONS? CALL: 800-974-9069 OR 847-996-5898

BADGE RE-PRINT POLICY

THE RE-PRINT FEE FOR A LOST OR STOLEN BADGE IS 50% OF THE ORIGINAL PAID FEE. 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 June 5, 2017, will receive a full refund. No refunds for requests received after June 5, 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.

~BADGE SHARING IS PROHIBITED~