

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"/> Information 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"/> Senior or General Manager |
| <input type="checkbox"/> HR/Legal | <input type="checkbox"/> Safety | <input type="checkbox"/> Senior Executive: SVP, EVP |
| | <input type="checkbox"/> Security Management | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Auditor | |
| | <input type="checkbox"/> Business Development/Sales | |

Role in Company

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

Approximate purchase within the next year for EXPO products/services

- up to \$100K
 \$100,001 - \$250,000
 \$250,001 or more

Business Type

- | | | |
|---|--|--|
| <input type="checkbox"/> Apparel | <input type="checkbox"/> Entertainment/Theme Park/Movie Theater/Casino | <input type="checkbox"/> Jewelry |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Footwear | <input type="checkbox"/> Mall/Real Estate |
| <input type="checkbox"/> Chain Drug | <input type="checkbox"/> Grocery | <input type="checkbox"/> Manufacturing/CPG |
| <input type="checkbox"/> Consumer Electronics | <input type="checkbox"/> Hardware and Home Centers | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Health, Beauty, Cosmetics | <input type="checkbox"/> Pet Supplies |
| <input type="checkbox"/> Department Stores | <input type="checkbox"/> Home Furnishings and Housewares | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Discount Value | | <input type="checkbox"/> Sporting Goods |
| | | <input type="checkbox"/> Start Up |
| | | <input type="checkbox"/> Toys and Hobbies |

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

	Standard	Onsite
Rate Deadlines	By 6/23/17	After 6/23/17
Retail NRF Member	\$1,050	\$1,250
Retail Non NRF member	\$1,250	\$1,450

Retail Member Team (5-15 people from the same retail company, registering at the same time)

- \$800 (each) until 6/23/17 \$900 (each) after 6/23/17

Retail Member Team (16+ people from the same retail company, registering at the same time)

- \$600 (each) until 6/23/17 \$700 (each) after 6/23/17

Retail non-Member Team (5 or more people from the same retail company, registering at the same time)

- \$850 (each) until 6/23/17 \$1000 (each) after 6/23/17

Please fill out Job Function on second page.

EXPO ONLY REGISTRATION

EXPO HALL PASS—Access to EXPO Floor only

- Retailer EXPO Pass

EMERGING LEADERS WORKSHOP—Retailers only

EMERGING LEADERS \$195

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~