

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

MR. MRS. MS. DR.

NAME: _____

JOB TITLE: _____

COMPANY: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____

POSTAL CODE: _____ COUNTRY: _____

DIRECT PHONE: _____ CELL: _____

BUSINESS EMAIL: _____

WEBSITE: _____

Title/Level
 Analyst Manager
 C-Suite [CEO, CFO, CIO/CTO, CMO, COO] Owner/Principal
 Director President
 Detective/Agent Senior Executive [SVP, EVP]
 Senior or General Manager

Job Function

<input type="checkbox"/> Asset Protection	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Consultant
<input type="checkbox"/> Corporate Investigations	<input type="checkbox"/> Loss Prevention	<input type="checkbox"/> Detective/Agent
<input type="checkbox"/> Crisis Management	<input type="checkbox"/> Operations	<input type="checkbox"/> Director/VP
<input type="checkbox"/> Finance/Accounting/Auditor	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Educator
<input type="checkbox"/> Fraud	<input type="checkbox"/> Safety	<input type="checkbox"/> Senior or General Manager
<input type="checkbox"/> HR/Legal	<input type="checkbox"/> Security Management	<input type="checkbox"/> Student
<input type="checkbox"/> Information Technology	<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	
	<input type="checkbox"/> C-Level	

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"/> Startup
<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 touch.
- Yes No This is my first NRF PROTECT show. If no, # of years attended ____.
- Yes No I wish to learn more about NRF's advocacy efforts on Capitol Hill/ in Washington, D.C.

PART 2: REGISTRATION FEE SELECTION

FULL CONFERENCE REGISTRATION

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

\$1,650 per person

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

\$1,950 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 — Complimentary

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 additional information about EXPO Hall pass eligibility.

PART 3: METHOD OF PAYMENT

TOTAL AMOUNT DUE: \$ _____

PAYMENT METHOD:

Credit Card Check (U.S. 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: NRF PROTECT 2019 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 100% of the original paid fee.

REGISTRATION POLICY

No person under the age of 18 will be admitted into the exposition. No cameras or videos allowed.

BADGE SHARING IS PROHIBITED

I certify that I have read and understand the Badge Re-Print, Registration and Badge Sharing Policies.

CANCELLATIONS — All cancellation requests must be in writing. Requests received by May 30, 2019, will receive a full refund. No refunds for requests received after May 30, 2019, 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.

