

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)

\$1,600 per person

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

\$1,900 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 2018 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.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE BADGE REPRINT POLICY.

REGISTRATION POLICY

No one under the age of 18 is permitted to attend any part of the event under any circumstances. No cameras or videos allowed.

CANCELLATIONS — All cancellation requests must be in writing. Requests received by May 30, 2018, will receive a full refund. No refunds for requests received after May 30, 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.

~BADGE SHARING IS PROHIBITED~

