



Associate Purchasing Registration

Registration Instructions

This form is intended for employees of non-retail companies attending in a purchasing capacity. If you are attending in a sales capacity, please use the **Associate/Supplier Registration Form**. If you are affiliated with a chain member company or a company which operates retail stores/ pharmacies, please use the **Chain/Retailer Registration Form**.

Online Registration

Online registration is also available.

Go to tse.nacds.org and select "Register".

Fax or Mail

Fax forms to: (703) 683-5678

Mail forms to:

NACDS

P.O. Box 34814

Alexandria, VA 22334-0814

Electronic Funds should be sent to:

Truist Bank

ABA# 053101121

Acct# 1000025891523

Registration Fee

NACDS Members:	\$1,700.00
Non Members:	\$2,750.00

Registration Questions

Please contact registration@nacds.org.

Cancellations and Substitutions

Cancellations and Substitutions must be made in writing using the designated forms on the TSE Website at tse.nacds.org. Registration cancellations received prior to Friday, April 12, 2024, will be refunded less a \$350 administrative fee per registrant. Registration fees for cancellations after Friday, April 12, 2024, are non-refundable.

Registration Policy

NACDS reserves the right to alter, modify, and/ or limit registration to the Total Store Expo based on recommendations made by public health officials and its own judgment concerning health and safety.

Federal Tax ID# 13-5582579

Individual Completing Form E-mail:___ **Registrant Information** Company Name: □ Dr. □ Mr. □ Ms. □ Mrs. First Time Attending? Y N Full Name: Nickname (for badge):____ Mobile Phone:__ Address: ____State/Province:__ Zip/Mail Code:___ __Country:___ Spouse/Companion Information Spouses/Companions will not be given access to the Exhibit Hall. Spouse/Companion Name: Spouse/Companion Nickname (for badge): Spouse/Companion E-mail: Spouse/Companion Mobile Phone:____ Registration Payment Information Full payment must accompany your registration. Please make all checks payable to "NACDS" or complete the credit card section. Credit Card Payment: VISA D SECULAR Credit Card #: Expiration Date:___ Card Identification Number (CVV2) :_ (Visa, MasterCard and Discover: 3 digits on back - American Express: 4 digits on front) Cardholder's Name:____ Cardholder's Signature:____ Total Authorized Purchase Amount:

Please see the next page for emergency contact, hotel reservation and website information.





Associate Purchasing Registration

Name of Registrant:		
Emergency Contact Name:		
Emergency Contact Number:		
Would you like to make your hotel reservation through NACDS Housing? (Please select one.) If yes, please continue to read all hotel information below.	☐ Yes	□ No

Hotel Information

NACDS is the official housing bureau for the NACDS Total Store Expo. Once NACDS has processed this registration form, the registrant will receive an Event Registration Confirmation email from registration@nacds.org containing a custom link from the NACDS Housing Bureau to make a reservation at one of the official NACDS TSE hotels listed below. Note: This custom link will secure housing for the registered attendee only and cannot be used to secure reservations for others.

Total Store Expo Official Hotels

All NACDS events will be held at the Boston Convention & Exhibition Center, 415 Summer St., Boston, MA 02210, and the Omni Boston Hotel at the Waterfront, 450 Summer St., Boston, MA 02210. All official hotels listed below are within walking distance to NACDS events.

Aloft Boston Seaport District

401-403 D Street Boston, MA 02210

Rate: \$335 Single or Double Occupancy

Element Boston Seaport District

391-395 D Street Boston, MA 02210

Rate: \$345 Single or Double Occupancy

Omni Boston Hotel at the Seaport

450 Summer Street Boston, MA 02210

Rate: \$401 Single or Double Occupancy

Renaissance Boston Waterfront Hotel

606 Congress Street Boston, MA 02210

Rate: \$358 Single or Double Occupancy

Seaport Boston Hotel

1 Seaport Lane Boston, MA 02210

Rate: \$349 Single or Double Occupancy

Westin Boston Seaport District

425 Summer Street Boston, MA 02210

Rate: \$353 Single or Double Occupancy

Hotel Confirmation

Hotel confirmations will be sent from NACDS Housing Bureau upon completion of your booking and will include a confirmation number and website link to make any changes. After **Thursday, July 18, 2024**, you will need to contact your hotel directly in order to change your reservation.

Hotel Reservation Changes

Any changes to your hotel reservation must be made by **Thursday**, **July 18**, **2024** using the link provided in your "Hotel Reservation Confirmation". After **Thursday**, **July 18**, **2024**, all changes MUST be made directly with your hotel.

PLEASE REMEMBER IT IS YOUR RESPONSIBILITY TO MAKE ALL HOTEL RESERVATION CHANGES. NACDS WILL NOT ACCEPT OR BE RESPONSIBLE FOR MAKING ANY CHANGES AFTER THURSDAY, JULY 18, 2024.

Hotel Cancellation Policy

The NACDS Total Store Expo hotels require a first and last night's deposit which may be charged to the credit card provided as early as **Thursday**, **July 18**, **2024**. No refunds will be available for changes or cancellations made after this date.

Housing Questions

Please contact NACDS Housing at (703) 837-4301.

Website Information

Selected areas of the Total Store Expo website will be accessible to conference registrants only; this includes a list of participating companies and an advance registration list. Your login information will be activated once your registration has been processed and your registration confirmation has been sent. Your username is your email address. If you do not know your password, or have not set up a password, you can use the "Forgot Password" function to reset it.



o Appliances o As Seen on TV

Audio/Video (Blank)



Product Category Identification

You must complete one form for each registrant. Please make sufficient copies. Please Print or Type.

Reg	gistrar	nt's Name:	Title	e:	
Со	mpar	ny:			
Ple res	ase o	ct Category Identification check the appropriate box(es) to indicate the groups of prod ibility. Choose Brand Name and/or Store Brand for each appl ea(s) of responsibility on the conference website.	lucts o licable	or serv	vices for which you have buying power and/or supervisory duct. The responses provided below will be used to indica
ME	9		M.	9	
BRAND NAME	BRAND		Brand Name	BRAND	
2	H H		9	쀯	
BRA	STORE	Baby Care	B _R A	Store	General Merchandise - cont.
0	0	Baby OTC	0	0	Audio/Video (Pre-Recorded)
0	0	Baby Toiletries	0	0	Automobile Supplies & Accessories
0	0	Diapers	0	0	Bicycle Accessories
0	0	Feeding and Nursing	0	0	Books, Paperbacks
0	0	Gear and Novelties	0	0	Calendars
0	0	Infant Formula	0	0	Camping
•	•		0	0	Cellular
		Consumables	0	0	Clocks
0	0	Baby Food	0	0	Closet Organizers and Accessories
0	0	Beverages (Alcoholic)	0	0	Computer Accessories
0	0	Beverages (Non-Alcoholic)	0	0	Consumer Electronics
0	0	Candy	0	0	Consumer Magazines
0	0	Dairy Products	0	0	Electric Razors
0	0	Deli	0	0	Fans
0	0	Dry Grocery (DSD)	0	0	File Cabinets/Safes
0	0	Dry Grocery/Warehoused Convenience Foods (Non-DSD)	0	0	Fire Logs
0	0	Energy Products (Shots, Bars, Tablets)	0	0	Footwear
0	0	Fresh Food	0	0	Furniture (Home, Office and Computer)
0	0	Frozen Food	0	0	Giftware
0	0	Gum	0	0	Giftwrap
0	0	Pet Food	0	0	Greeting Cards
0	0	Snacks (Warehoused, Non-DSD)	0	0	Hardware
0	0	Snacks and Chips (DSD)	0	0	Home Décor
0	0	Tobacco Products and Smoking Accessories	0	0	Home Textiles/Domestics
		, , , , , , , , , , , , , , , , , , ,	0	0	Hosiery
		Cosmetics & Fragrances	0	0	Housewares
0	0	Cosmetic Accessories	0	0	Insulated Chests, Jars, Vacuum Bottles, Lunch Kits
0	0	Cosmetic Bags and Organizers	0	0	Jewelry
0	0	Cosmetics	0	0	Kitchen Goods/Textiles
0	0	Ethnic Cosmetics	0	0	Lamps/Lamp Accessories
0	0	Nail Care and Accessories	0	0	Lawn and Garden Supplies
0	0	Perfumes and Fragrances	0	0	Leather Goods
		•	0	0	Light Bulbs
		Front End Services	0	0	Luggage
0		Broker/Manufacturer Representative	0	0	Pesticides
0		Database and Information Vendors	0	0	Pet Supplies
0		Financial/Computer Systems	0	0	Pre-Paid Gift Cards
0		Human Resources/Personnel	0	0	Pre-Paid Phone Cards
0		In-Store Marketing	0	0	Rainwear, Gear and Accessories
0		Insurance Brokers/Agency	0	0	Reading and Sun Glasses
0		Marketing/Consulting Service	0	0	Sewing
0		Packaging Services	0	0	Shoe Care
0		Point-of-Purchase Displays/ Store Fixtures	0	0	Sporting Goods/Athletics
0		Store Fixtures and Equipment	0	0	Stationery/Stationery Supplies (Home, Office & School
0		Store Protection/Security			Supplies)
0		Trade Magazines	0	0	Toys, Games and Playing Cards
			0	0	Travel Aids
		General Merchandise	0	0	Vacuum Bags
0	0	Apparel	0	0	Watches



Household Chemicals

o Insect Repellento Paper Products

Rubber Gloves

Household Cleaning Supplies

0 0

0



Product Category Identification

You must complete one form for each registrant. Please make sufficient copies. Please Print or Type.

Reg	gistran	t's Name:	Title:		
Со	mpan	y:			
Ple res	ase c ponsi	ct Category Identification check the appropriate box(es) to indicate the groups of products bility. Choose Brand Name and/or Store Brand for each applicate (as) of responsibility on the conference website.	or s	servic produ	ces for which you have buying power and/or supervisory uct. The responses provided below will be used to indicate
BRAND NAME	STORE BRAND	Healthcare/OTC	BRAND NAME	STORE BRAND	Merchandise Programs
0	0	Air Cleaners Allergy	0	0	Close-Out Merchandise Dollar Program Merchandise
0	0	Analgesics (External) Analgesics (Internal)			Personal Care/HBC
0	0	Aromatherapy Contraception/Family Planning	0	0	Bar Soap, Bath Care and Accessories
0	0	Cough and Cold	0	0	Body Washes Deadargets (Antinorspirants
0	0	Diet Aids	0	0	Deodorants/Antiperspirants Depilatories (Hair Removal)
0	0	Digestives/Antigas/Antidiarrheal	0	0	Ethnic Hair Care
0	0	Dose Aids	0	0	Ethnic Skin Care
0	0	Ear & Hearing Accessories	0	0	Facial Skin Care
0	0	Ear Medications	0	0	Hair Accessories
0	0	Eye/Contact Lens Care	0	0	Hair Care
0	0	First Aid/Wound Care	0	0	Hair Care Appliances
0	0	Foot Care Healthcare Appliances (Heating Pads, Massagers, etc.)	0	0	Hair Color Hand Sanitizer
0	0	Humidifiers	0	0	Oral Hygiene
0	0	Incontinence Products	0	0	Shaving Preparations and Accessories
0	0	Lip Care	0	0	Skin Care Products and Lotions (Female)
0	0	Liquid Adult Nutritionals	0	0	Skin Care Products and Lotions (Male)
0	0	Natural Health and Wellness	0	0	Sun Care Products
0	0	Nutrition Bars	0	0	Trial Size
0	0	Ointments			BL I
0	0	Pediculicides and Accessories Personal Lubricants (Intimacy Products			Photo
0	0	Personal Lubricants/Intimacy Products Sleep Aids	0	0	Albums and Frames
0	0	Smoking Cessation Products	0	0	Batteries/Flashlights
0	0	Sports Nutritionals	0	0	Photo (Camera, Film, Supplies and Photo Finishing)
0	0	Thermometers Vaporizers			Seasonal
0	0	Vitamins, Minerals and Supplements	0	0	Christmas Boxed Cards/Gift Wrap
	0	Women's Health/Feminine Hygiene	0	0	Garden Chemicals/Fertilizers
0	O	women streamly eminine riygiene	0	0	Garden Compound Garden Decor
		Home Healthcare	0	0	Garden Tools/Watering
0	0	Diabetic Care (Supplies and Devices)	0	0	Grills/Bar-B-Que
0	0	Durable Medical Equipment (Bath Safety/Mobility Aids)	0	0	Inflatables/Squirt Guns
0	0	Home Diagnostics	0	0	Live Goods
0	0	Home Healthcare–Other Supplies and Equipment	0	0	Pool and Spa Chemicals
0	0	Home Infusion Supplies	0	0	Seasonal Plush Toys
0	0	Ostomy Supplies	0	0	Seasonal Sundries (Valentine, Easter, etc.)
0	0	Pillows (Therapeutic)	0	0	Summer Lawn Furniture
0	0	Sports Wraps, Supports, Trusses and Elastic Stockings	0	0	Trim-a-Tree/Trees/Lights/Decor Winter Seasonal-Automotive
0	0	Household Products/Non-Edible Consumables Air Fresheners	0	0	Winter Seasonal- Hats/Gloves
0	0	Bags/Wraps			
0	0	Home Fragrance (Incense, Scented Oils, Reed Diffusers, etc.)			





Product Category Identification

You must complete one form for each registrant. Please make sufficient copies. Please Print or Type.

Registrant's Name:	_Title:
Company:	

Product Category Identification

Please check the appropriate box(es) to indicate the groups of products or services for which you have buying power and/or supervisory responsibility. Choose Brand Name and/or Store Brand for each applicable product. The responses provided below will be used to indicate your area(s) of responsibility on the conference website.

BRAND NAME

BRAND NAME	Pharmacy Operations Equipment and
X X X	Services
Ö Ö	Medicare Part D
0	Pharmacy Automation
0	Pharmacy B2B E-Commerce Products and Services
0	Pharmacy Benefit Management Services
0	Pharmacy Care/Disease State Management Companies
0	Pharmacy Clinical/Marketing Programs
0	Pharmacy Compounding Products and Services
0	Pharmacy Computer Dispensing/Patient Care
	Management Systems
0	Pharmacy Computer Hardware
0	Pharmacy Database and Information Vendors
0	Pharmacy Drive-Thru Window Suppliers
0	Pharmacy Home Delivery Services
0	Pharmacy Integrated Voice Response Systems
0	Pharmacy Inventory Management Systems
0	Pharmacy Point-of-Sale (POS)
0	Pharmacy Prescription Clearinghouses (Switch Companies)
0	Pharmacy Prescription Processing Supplies and Containers
0	Pharmacy Professional Education/Continuing Education Service Provider
0	Pharmacy Repackaging Equipment and Services
0	Pharmacy Reverse Logistics
0	Pharmacy Services – Other
0	Pharmacy Staffing Agencies
0	Pharmacy/Physician Connectivity Vendors
0	Retail Clinics
0	Telehealth

Pharmacy Products

Biotechnology Pharmaceuticals
Brand Name Pharmaceuticals
Diabetic Care (Medicines)
Generic Pharmaceuticals
Patient Adherence Devices
Pharmacy Consumer Healthcare Publications

Supply Chain

Customer Service
Demand and Supply Planning
Home Delivery Services
Inventory Management
Material Handling
Merchandise Programs
Logistics Planning and Modeling
Reverse Logistics Provider
Supply Chain Management
Transportation