

Booth Space Application

Special Instructions

Return all forms to:

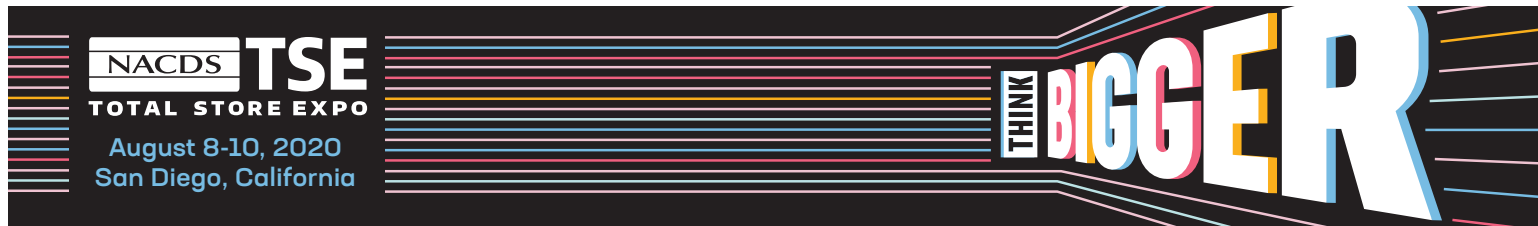
NACDS
P.O. Box 34814
Alexandria, VA 22334-0814

- **Mail your forms via the U.S. Postal Service First Class or Priority Mail only. (Other overnight mail services such as FedEx, UPS, etc. cannot deliver to this address.)**
- Payment for the full amount must accompany your completed form(s) before your booth space application will be processed.
- Individual registration fees may be paid by check or credit card. Faxed or emailed registrations paid by credit card will be accepted.
- Booth registration fees may be paid by check or credit card.
- All checks should be payable to "NACDS."
- All exhibitors will be emailed a conference confirmation.
- All booth personnel must be registered for the conference. Badges will be available on site and are not provided in advance.
- Please read the "Rules and Regulations" in their entirety on the Total Store Expo website:
 Go To tse.nacds.org
 Select "Exhibitor" from the menu at the top of the page
 Select "Booth Information" from the drop down menu
 Scroll down to "Rules and Regulations"

Online registration is available at
tse.nacds.org

Important Dates & Deadlines

Company Letter or Booth Cancellation Form	received September 16, 2019 to March 13, 2020	Refund in full less an administrative fee equal to 25% of the total contracted price.
Company Letter or Booth Cancellation Form	received March 14, 2020 or beyond	No refund will be given.
Hotel Reservations	July 2, 2020	After this date, all quoted hotel rates and availability cannot be guaranteed.
Hotel Cancellation	July 2, 2020	Last day to cancel a room reservation without penalty.



Booth Space Application

Need Help? Please email your questions to:

- **Exhibits:** Exhibits@NACDS.org
Booth questions, completing form, general information.
- **Registration:** Registration@NACDS.org
Individual registration, general information, changes and cancellations.
- **Housing:** Housing@NACDS.org
NACDS is the official housing bureau for the Total Store Expo Conference. All booth personnel must be registered for the conference. Hotel reservation options will be made available at the time of registration. Availability and special rates for Total Store Expo registrants will be offered until July 2, 2020, therefore it is highly recommended you register prior to this date.

To register for the Total Store Expo Conference, please go to tse.nacds.org and click on "Register Now".

If you have questions, please contact the Housing Hotline at 703-837-4301.
- **Conference Cancellation and Substitution**
All individual cancellations and substitutions must be submitted in writing. These forms are available on the Total Store Expo website, tse.nacds.org. Select "Register Now" on the top menu, and scroll down to "Substitutions and Cancellations". Completed forms should be faxed to (703) 683-5678.

Booth Payment

Booth payments must be received according the schedule below. On or after March 13, 2020, a check or credit card payment for the entire exhibit booth fee must accompany each application. Failure to provide payment at time of application does not nullify the contract entered into by NACDS and the applicant (Exhibitor) upon receipt of the applicant's (Exhibitor) application for booth space.

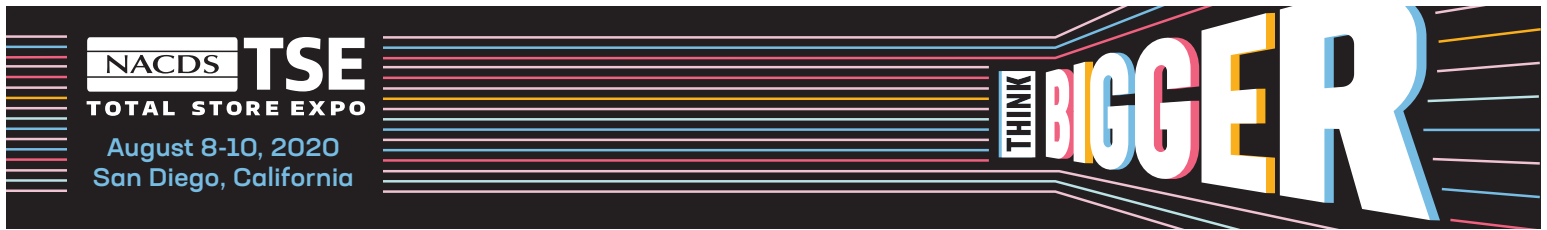
Payment in full is due:

- Contracts received prior to **December 6, 2019** pay the following:
 - 25% Due 30 days after contract is received.
 - 75% Due 60 days after contract is received.
- Contracts received from **December 7, 2019 to March 13, 2020** pay the following:
 - 100% Due 30 days after submitting booth contract.
- Payment is due upon receipt of booth contract starting **March 14, 2020**.

Booth space will not be deemed "purchased" until full payment is received. However, the agreement entered into between NACDS and the applicant (Exhibitor) remains from the date an application is received by NACDS until the completion of Total Store Expo 2020. **Conference website access will be limited until NACDS receives full payment.**

Complete information regarding fees is available online at <http://tse.nacds.org/exhibit/booth-information>.

IF PAYMENT IS NOT RECEIVED IN ACCORDANCE WITH THE TERMS ABOVE, NACDS RESERVES THE RIGHT TO RESELL THE CONTRACTED BOOTH SPACE AND, AT NACDS' DISCRETION, CANCEL THE UNPAID EXHIBITOR'S CONTRACT OR REASSIGN THE EXHIBITOR TO ANOTHER AVAILABLE BOOTH SPACE.



Booth Space Application

Booth/Private Meeting Space Cancellation/Downgrade

All booth cancellations and requests to downgrade contracted booth and meeting space must be submitted in writing. Exhibitors who are unable to occupy and use the contracted exhibit space, should forward a completed "[Booth Cancellation Form](#)", or letter to the NACDS Exhibits Department. Cancellation form or letters may be emailed to exhibits@NACDS.org.

- Upon Cancellation, all complimentary and paid registrations will be cancelled. Paid registrations will be subject to the cancellation and refund scheduled outlined in Section I, #4, "Individual Cancellations and Substitutions."
- Exhibitors opting to relocate their presence into a shared booth more than seven (7) days after contacting their original booth will be considered a booth downgrade and will be subject to the applicable schedule and associated fees.
- NACDS reserves the right to invoice Exhibitor the cancellation/downgrade fee balance in the event booth payments made are less than the fee amount. Exhibitor's ability to participate in future NACDS events may be impacted due to unpaid cancellation/downgrade fees.
- Upon booth downgrade, Exhibitor's complimentary registration allotment will be reduced in accordance with the exhibitor's new booth size. Exhibitors will be required to pay for previously complimentary registration at the appropriate rate.
- NACDS reserves the right to relocate downgraded booth spaces to a more suitable location in the exhibit hall.

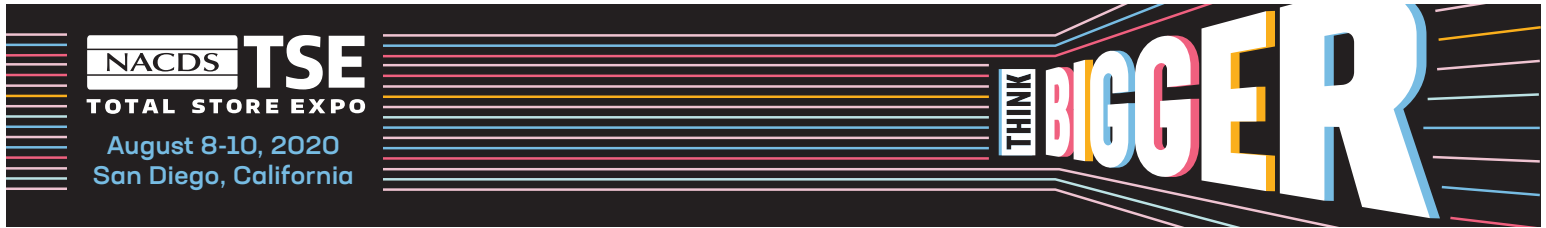
Refund Schedule

- **Received in writing September 16, 2019 – March 13, 2020:**
 - Cancellations will be refunded minus an administrative fee equal to 25% of the contracted booth/meeting space price.
 - Downgrades will be refunded the difference in cost, less a 25% administrative fee applied to the difference in cost between the original booth and the downgraded booth.
- **Received in writing March 14, 2020 and later:**
 - Companies whose booth cancellation form or booth downgrade is received **on or after March 14, 2020 will forfeit** any refund.
 - Exhibitors who fail to attend forfeit the entire booth fee.

The booth cancellation form is located on the Total Store Expo website, tse.nacds.org.

Select the "Exhibitor" tab, then "Booth Information" and scroll down to "Booth Space Cancellation".

Note: To cancel or substitute the registration of a company individual or booth personnel, you must submit the request in writing. See the "Conference Cancellation & Substitutions" section above for more information.



Booth Space Application

Company _____

Exhibit Hall Booth Fees

Booth personnel must register separately using the Associate/Supplier Registration Form.

NACDS Member

Booth fees includes one complimentary registrant per 100 square feet purchased. Please indicate your booth purchase below.

Booth	Square Feet	Inline	Corner**
10 x 10	100	o \$6,100	o \$6,600
10 x 20	200	o \$12,200	o \$14,600
10 x 30	300	o \$18,300	o \$21,900
10 x 40	400	o \$24,400	o \$29,200
20 x 20	400	o \$30,000	
20 x 30	600	o \$44,400	
20 x 40	800	o \$58,400	
20 x 50	1000	o \$72,000	
20 x 60	1200	o \$84,000	
20 x 70	1400	o \$96,600	
30 x 30	900	o \$64,800	
30 x 40	1200	o \$84,000	
30 x 50	1500	o \$103,500	
40 x 40	1600	o \$108,800	
40 x 50	2000	o \$134,000	
50 x 50	2500	o \$157,500	

** Limited Availability

Non-member

Booth	Square Feet	Inline	Corner
10' x 10'	100	o \$10,575	o \$12,725

**Non-member companies are limited to 10'x 10' square foot space.*

Membership

To discuss benefits of membership, please call the NACDS Exhibits Department at (703) 837-4320.

Private Meeting Space

Private Meeting Space is only available for companies that purchase a 10' x 20' booth or larger. Please indicate the number of Private Meeting Spaces you would like to reserve.

_____ 13' x 13'	\$13,500
_____ 13' x 26'	\$27,000

See Item #10 of the "Rules and Regulations" at tse.nacds.org/booth-information, for Private Meeting Space requirements and restrictions.

Payment Method Credit Card Check

Credit Card    

Credit Card # _____

Exp. Date _____

CVV# _____

Authorized Purchase Amount _____

Name _____

Signature _____

Important Note: Access to the exhibit hall is contingent upon all fees (including booth, registration and NACDS membership fees) being paid in full.

Manufacturer Agent Yes No

- Please complete this form in its entirety.
- Make checks payable to "NACDS" and return to the address listed above.
- Read all "Rules & Regulations" online at tse.nacds.org/exhibit/booth-information.

Exhibit Questions

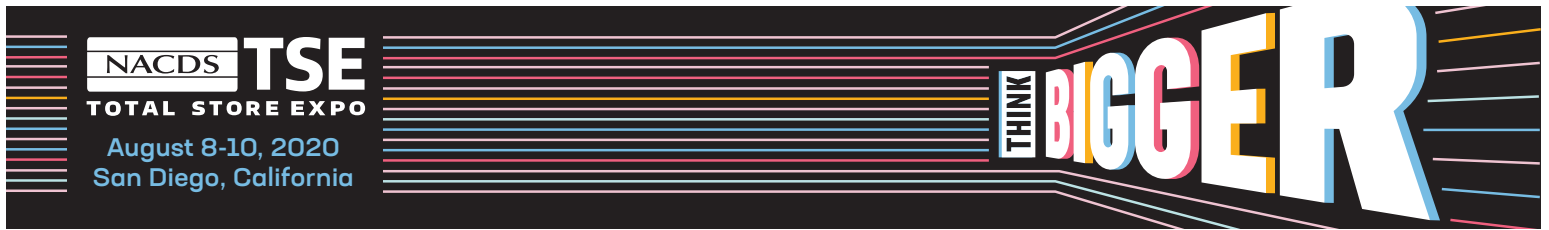
Contact the NACDS Exhibits Department at Exhibits@nacds.org or (703) 837-4320.

Email, Fax or Mail Completed Form to:

Email: exhibits@nacds.org

Fax: (703) 683-5678

Mail: NACDS, P.O. Box 34814, Alexandria, VA, 22334-0814



Booth Space Application

Company Information

First-Time Exhibitor? Yes No

Company

Address

City State

Zip Country

Phone

Booth Logistics Coordinator

Please provide the name of your company's Booth Logistics Coordinator. This person is responsible for Booth Logistics (i.e., shipping, set-up, move-out, booth amenities) and is the individual who should receive the exhibitor kit. (List only an employee of your company. I&D companies may receive duplicate information if requested separately.)

Name Title

Address (if different from above)

City State

Zip Country

Phone Email

Conference Appointment Contact

Name Title

Phone Email

Billing Contact

Name Title

Phone E-mail

Individual Completing Form

Name Title

Phone Email

Authorizing Individual

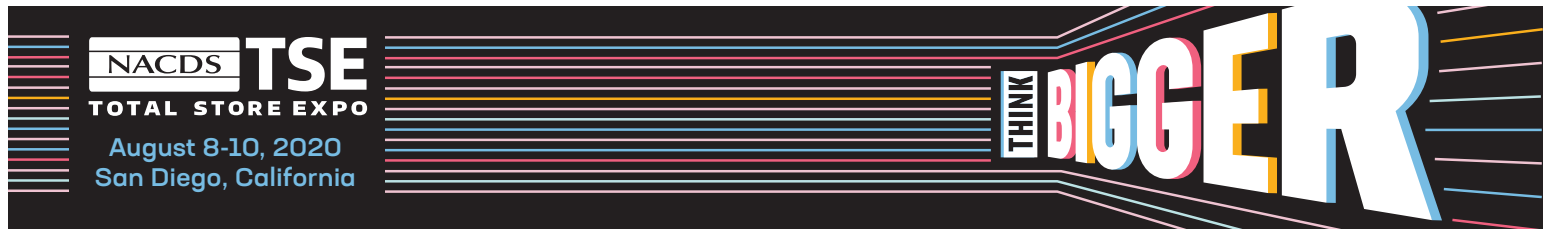
On behalf of the exhibiting company, the undersigned individual, who has the authority to ratify this exhibit contract, has read and accepts all conditions of the NACDS "Rules & Regulations" located online at tse.nacds.org.

Name Title

Phone Email

Signature

Federal Tax ID# 13-5582579

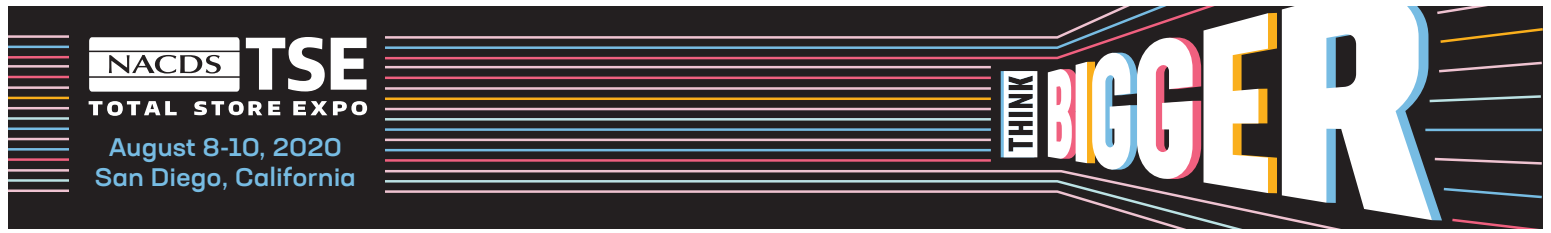


Booth Space Application

Company

For product information, please check the appropriate box(es) to indicate the groups of products or services that apply to your company. Choose Brand Name and/or Store Brand for each product.

BRAND NAME	STORE BRAND		BRAND NAME	STORE BRAND	
		Baby Care			General Merchandise - cont.
<input type="checkbox"/>	<input type="checkbox"/>	Baby OTC	<input type="checkbox"/>	<input type="checkbox"/>	Automobile Supplies & Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Baby Toiletries	<input type="checkbox"/>	<input type="checkbox"/>	Bicycle Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Diapers	<input type="checkbox"/>	<input type="checkbox"/>	Books, Paperbacks
<input type="checkbox"/>	<input type="checkbox"/>	Feeding and Nursing	<input type="checkbox"/>	<input type="checkbox"/>	Calendars
<input type="checkbox"/>	<input type="checkbox"/>	Gear and Novelties	<input type="checkbox"/>	<input type="checkbox"/>	Camping
<input type="checkbox"/>	<input type="checkbox"/>	Infant Formula	<input type="checkbox"/>	<input type="checkbox"/>	Cellular
		Consumables	<input type="checkbox"/>	<input type="checkbox"/>	Clocks
<input type="checkbox"/>	<input type="checkbox"/>	Baby Food	<input type="checkbox"/>	<input type="checkbox"/>	Closet Organizers and Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Beverages (Alcoholic)	<input type="checkbox"/>	<input type="checkbox"/>	Computer Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Beverages (Non-Alcoholic)	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Electronics
<input type="checkbox"/>	<input type="checkbox"/>	Candy	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Magazines
<input type="checkbox"/>	<input type="checkbox"/>	Dairy Products	<input type="checkbox"/>	<input type="checkbox"/>	Electric Razors
<input type="checkbox"/>	<input type="checkbox"/>	Deli	<input type="checkbox"/>	<input type="checkbox"/>	Fans
<input type="checkbox"/>	<input type="checkbox"/>	Dry Grocery (DSD)	<input type="checkbox"/>	<input type="checkbox"/>	File Cabinets/Safes
<input type="checkbox"/>	<input type="checkbox"/>	Dry Grocery/Warehoused Convenience Foods (Non-DSD)	<input type="checkbox"/>	<input type="checkbox"/>	Fire Logs
<input type="checkbox"/>	<input type="checkbox"/>	Energy Products (Shots, Bars, Tablets)	<input type="checkbox"/>	<input type="checkbox"/>	Footwear
<input type="checkbox"/>	<input type="checkbox"/>	Fresh Food	<input type="checkbox"/>	<input type="checkbox"/>	Furniture (Home, Office and Computer)
<input type="checkbox"/>	<input type="checkbox"/>	Frozen Food	<input type="checkbox"/>	<input type="checkbox"/>	Giftware
<input type="checkbox"/>	<input type="checkbox"/>	Gum	<input type="checkbox"/>	<input type="checkbox"/>	Giftwrap
<input type="checkbox"/>	<input type="checkbox"/>	Pet Food	<input type="checkbox"/>	<input type="checkbox"/>	Greeting Cards
<input type="checkbox"/>	<input type="checkbox"/>	Snacks (Warehoused, Non-DSD)	<input type="checkbox"/>	<input type="checkbox"/>	Hardware
<input type="checkbox"/>	<input type="checkbox"/>	Snacks and Chips (DSD)	<input type="checkbox"/>	<input type="checkbox"/>	Home Décor
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Products and Smoking Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Home Textiles/Domestics
		Cosmetics & Fragrances	<input type="checkbox"/>	<input type="checkbox"/>	Hosiery
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Housewares
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic Bags and Organizers	<input type="checkbox"/>	<input type="checkbox"/>	Insulated Chests, Jars, Vacuum Bottles, Lunch Kits
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	Jewelry
<input type="checkbox"/>	<input type="checkbox"/>	Ethnic Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Goods/Textiles
<input type="checkbox"/>	<input type="checkbox"/>	Nail Care and Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Lamps/Lamp Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Perfumes and Fragrances	<input type="checkbox"/>	<input type="checkbox"/>	Lawn and Garden Supplies
		Front End Services	<input type="checkbox"/>	<input type="checkbox"/>	Leather Goods
<input type="checkbox"/>	<input type="checkbox"/>	Database and Information Vendors	<input type="checkbox"/>	<input type="checkbox"/>	Light Bulbs
<input type="checkbox"/>	<input type="checkbox"/>	Financial/Computer Systems	<input type="checkbox"/>	<input type="checkbox"/>	Luggage
<input type="checkbox"/>	<input type="checkbox"/>	Human Resources/Personnel	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	<input type="checkbox"/>	In-Store Marketing	<input type="checkbox"/>	<input type="checkbox"/>	Pet Supplies
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Brokers/Agency	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Paid Gift Cards
<input type="checkbox"/>	<input type="checkbox"/>	Marketing/Consulting Service	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Paid Phone Cards
<input type="checkbox"/>	<input type="checkbox"/>	Packaging Services	<input type="checkbox"/>	<input type="checkbox"/>	Rainwear, Gear and Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Point-of-Purchase Displays/ Store Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	Reading and Sun Glasses
<input type="checkbox"/>	<input type="checkbox"/>	Store Fixtures and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Sewing
<input type="checkbox"/>	<input type="checkbox"/>	Store Protection/Security	<input type="checkbox"/>	<input type="checkbox"/>	Shoe Care
<input type="checkbox"/>	<input type="checkbox"/>	Trade Magazines	<input type="checkbox"/>	<input type="checkbox"/>	Sporting Goods/Athletics
		General Merchandise	<input type="checkbox"/>	<input type="checkbox"/>	Stationery/Stationery Supplies (Home, Office & School Supplies)
<input type="checkbox"/>	<input type="checkbox"/>	Apparel	<input type="checkbox"/>	<input type="checkbox"/>	Toys, Games and Playing Cards
<input type="checkbox"/>	<input type="checkbox"/>	Appliances	<input type="checkbox"/>	<input type="checkbox"/>	Travel Aids
<input type="checkbox"/>	<input type="checkbox"/>	As Seen on TV	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum Bags
<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video (Blank)	<input type="checkbox"/>	<input type="checkbox"/>	Watches
<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video (Pre-Recorded)			

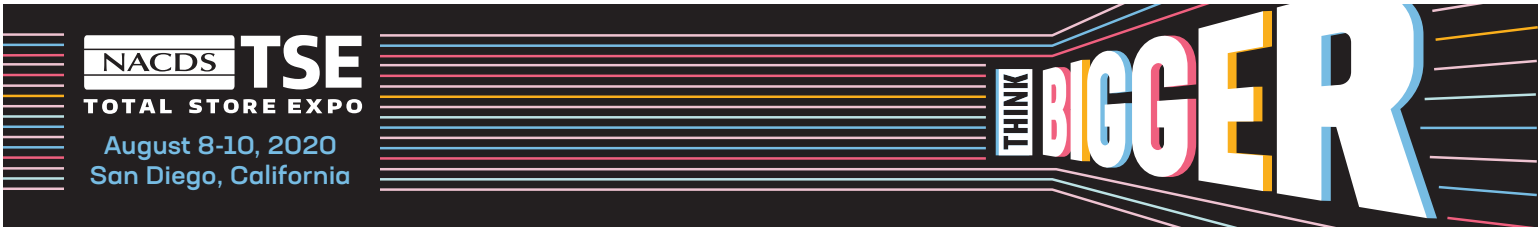


Booth Space Application

Company

For product information, please check the appropriate box(es) to indicate the groups of products or services that apply to your company. Choose Brand Name and/or Store Brand for each product.

BRAND NAME	STORE BRAND		BRAND NAME	STORE BRAND	
		Healthcare/OTC			Household Products/Non-Edible Consumables - cont.
<input type="checkbox"/>	<input type="checkbox"/>	Air Cleaners	<input type="checkbox"/>	<input type="checkbox"/>	Household Cleaning Supplies
<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	<input type="checkbox"/>	Analgesics (External)	<input type="checkbox"/>	<input type="checkbox"/>	Paper Products
<input type="checkbox"/>	<input type="checkbox"/>	Analgesics (Internal)	<input type="checkbox"/>	<input type="checkbox"/>	Rubber Gloves
<input type="checkbox"/>	<input type="checkbox"/>	Aromatherapy			
<input type="checkbox"/>	<input type="checkbox"/>	Contraception/Family Planning			Merchandise Programs
<input type="checkbox"/>	<input type="checkbox"/>	Cough and Cold	<input type="checkbox"/>	<input type="checkbox"/>	Close-Out Merchandise
<input type="checkbox"/>	<input type="checkbox"/>	Diet Aids	<input type="checkbox"/>	<input type="checkbox"/>	Dollar Program Merchandise
<input type="checkbox"/>	<input type="checkbox"/>	Digestives/Antigas/Antidiarrheal			
<input type="checkbox"/>	<input type="checkbox"/>	Dose Aids			Personal Care/HBC
<input type="checkbox"/>	<input type="checkbox"/>	Ear Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Bar Soap, Bath Care and Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Ear Medications	<input type="checkbox"/>	<input type="checkbox"/>	Body Washes
<input type="checkbox"/>	<input type="checkbox"/>	Eye/Contact Lens Care	<input type="checkbox"/>	<input type="checkbox"/>	Deodorants/Antiperspirants
<input type="checkbox"/>	<input type="checkbox"/>	First Aid/Wound Care	<input type="checkbox"/>	<input type="checkbox"/>	Depilatories (Hair Removal)
<input type="checkbox"/>	<input type="checkbox"/>	Foot Care	<input type="checkbox"/>	<input type="checkbox"/>	Ethnic Hair Care
<input type="checkbox"/>	<input type="checkbox"/>	Healthcare Appliances (Heating Pads, Massagers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Ethnic Skin Care
<input type="checkbox"/>	<input type="checkbox"/>	Humidifiers	<input type="checkbox"/>	<input type="checkbox"/>	Facial Skin Care
<input type="checkbox"/>	<input type="checkbox"/>	Incontinence Products	<input type="checkbox"/>	<input type="checkbox"/>	Hair Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Lip Care	<input type="checkbox"/>	<input type="checkbox"/>	Hair Care
<input type="checkbox"/>	<input type="checkbox"/>	Liquid Adult Nutritionals	<input type="checkbox"/>	<input type="checkbox"/>	Hair Care Appliances
<input type="checkbox"/>	<input type="checkbox"/>	Natural Health and Wellness	<input type="checkbox"/>	<input type="checkbox"/>	Hair Color
<input type="checkbox"/>	<input type="checkbox"/>	Nutrition Bars	<input type="checkbox"/>	<input type="checkbox"/>	Hand Sanitizer
<input type="checkbox"/>	<input type="checkbox"/>	Ointments	<input type="checkbox"/>	<input type="checkbox"/>	Oral Hygiene
<input type="checkbox"/>	<input type="checkbox"/>	Pediculicides and Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Shaving Preparations and Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Personal Lubricants/Intimacy Products	<input type="checkbox"/>	<input type="checkbox"/>	Skin Care Products and Lotions (Female)
<input type="checkbox"/>	<input type="checkbox"/>	Sleep Aids	<input type="checkbox"/>	<input type="checkbox"/>	Skin Care Products and Lotions (Male)
<input type="checkbox"/>	<input type="checkbox"/>	Smoking Cessation Products	<input type="checkbox"/>	<input type="checkbox"/>	Sun Care Products
<input type="checkbox"/>	<input type="checkbox"/>	Sports Nutritionals	<input type="checkbox"/>	<input type="checkbox"/>	Trial Size
<input type="checkbox"/>	<input type="checkbox"/>	Thermometers			
<input type="checkbox"/>	<input type="checkbox"/>	Vaporizers			Pharmacy Operations Equipment and Services
<input type="checkbox"/>	<input type="checkbox"/>	Vitamins, Minerals and Supplements	<input type="checkbox"/>	<input type="checkbox"/>	Medicare Part D
<input type="checkbox"/>	<input type="checkbox"/>	Women's Health/Feminine Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Automation
		Home Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy B2B E-Commerce Products and Services
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic Care (Supplies and Devices)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Benefit Management Services
<input type="checkbox"/>	<input type="checkbox"/>	Durable Medical Equipment (Bath Safety/Mobility Aids)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Care/Disease State Management Companies
<input type="checkbox"/>	<input type="checkbox"/>	Home Diagnostics	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Clinical/Marketing Programs
<input type="checkbox"/>	<input type="checkbox"/>	Home Healthcare—Other Supplies and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Compounding Products and Services
<input type="checkbox"/>	<input type="checkbox"/>	Home Infusion Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Computer Dispensing/Patient Care Management Systems
<input type="checkbox"/>	<input type="checkbox"/>	Ostomy Supplies	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Computer Hardware
<input type="checkbox"/>	<input type="checkbox"/>	Pillows (Therapeutic)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Database and Information Vendors
<input type="checkbox"/>	<input type="checkbox"/>	Sports Wraps, Supports, Trusses and Elastic Stockings	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Drive-Thru Window Suppliers
		Household Products/Non-Edible Consumables	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Home Delivery Services
<input type="checkbox"/>	<input type="checkbox"/>	Air Fresheners	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Integrated Voice Response Systems
<input type="checkbox"/>	<input type="checkbox"/>	Bags/Wraps	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Inventory Management Systems
<input type="checkbox"/>	<input type="checkbox"/>	Home Fragrance (Incense, Scented Oils, Reed Diffusers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Point-of-Sale (POS)
<input type="checkbox"/>	<input type="checkbox"/>	Household Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Prescription Clearinghouses (Switch Companies)
			<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Prescription Processing Supplies and Containers



Booth Space Application

Company

For product information, please check the appropriate box(es) to indicate the groups of products or services that apply to your company. Please indicate if it is a Brand Name product, if applicable.

- | | | |
|------------|-------------|--|
| BRAND NAME | STORE BRAND | <p>Pharmacy Operations Equipment and Services (continued)</p> <ul style="list-style-type: none"> <input type="radio"/> Pharmacy Professional Education/Continuing Education Service Provider <input type="radio"/> Pharmacy Repackaging Equipment and Services <input type="radio"/> Pharmacy Reverse Logistics <input type="radio"/> Pharmacy Services – Other <input type="radio"/> Pharmacy Staffing Agencies <input type="radio"/> Pharmacy/Physician Connectivity Vendors <input type="radio"/> Retail Clinics <p>Pharmacy Products</p> <ul style="list-style-type: none"> <input type="radio"/> Biotechnology Pharmaceuticals <input type="radio"/> Brand Name Pharmaceuticals <input type="radio"/> Diabetic Care (Medicines) <input type="radio"/> Generic Pharmaceuticals <input type="radio"/> Patient Adherence Devices <input type="radio"/> Pharmacy Consumer Healthcare Publications <p>Photo</p> <ul style="list-style-type: none"> <input type="radio"/> Albums and Frames <input type="radio"/> Batteries/Flashlights <input type="radio"/> Photo (Camera, Film, Supplies and Photo Finishing) |
|------------|-------------|--|

- | | | |
|------------|-------------|---|
| BRAND NAME | STORE BRAND | <p>Seasonal</p> <ul style="list-style-type: none"> <input type="radio"/> Christmas Boxed Cards/Gift Wrap <input type="radio"/> Garden Chemicals/Fertilizers <input type="radio"/> Garden Compound <input type="radio"/> Garden Decor <input type="radio"/> Garden Tools/Watering <input type="radio"/> Grills/Bar-B-Que <input type="radio"/> Inflatables/Squirt Guns <input type="radio"/> Live Goods <input type="radio"/> Pool and Spa Chemicals <input type="radio"/> Seasonal Plush Toys <input type="radio"/> Seasonal Sundries (Valentine, Easter, etc.) <input type="radio"/> Summer Lawn Furniture <input type="radio"/> Trim-a-Tree/Trees/Lights/Decor <input type="radio"/> Winter Seasonal-Automotive <input type="radio"/> Winter Seasonal- Hats/Gloves <p>Supply Chain</p> <ul style="list-style-type: none"> <input type="radio"/> Customer Service <input type="radio"/> Demand and Supply Planning <input type="radio"/> Home Delivery Services <input type="radio"/> Inventory Management <input type="radio"/> Material Handling <input type="radio"/> Merchandise Programs <input type="radio"/> Logistics Planning and Modeling <input type="radio"/> Reverse Logistics Provider <input type="radio"/> Supply Chain Management <input type="radio"/> Transportation |
|------------|-------------|---|

Booth Preferences

1 _____ 3 _____

2 _____ 4 _____

We prefer that our booth NOT be located next to:

1 _____ 3 _____

2 _____ 4 _____

Other Special Requests

Top Products by Name

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____