



# **Chain/Retailer Registration**

## **Special Offer to Retailers**

Registration is **COMPLIMENTARY** for all qualifying Retailers.

## **Registration Instructions**

This form is intended for those individuals who are affiliated with NACDS Chain member companies and/or companies which operate retail stores/pharmacies. All other individuals attending the conference in a purchasing capacity must complete the Associate Purchasing Form available on the conference website.

## **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

#### **Registration Questions**

Please contact the NACDS Registration Department at  ${\bf registration@nacds.org}$ .

## **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.

## **Individual Completing the Form**

Name:			
Title:			
Phone:			
Email:			
Registrant Information			
Company Name:			
□ Dr. □ Mr. □ Ms. □ Mrs.	First Time Attending?	Υ	$\square$ N
Full Name:			
Nickname (for badge):			
Title:			
Phone:			
Mobile Phone:			
E-mail:			
Address:			
City:			
State/Province:			
Zip/Mail Code:			
Country:			
Spouse/Companion Information Spouses/Companions will not be given access to	o the Exhibit Hall.		
Spouse/Companion Name:			
Spouse/Companion Nickname (for badge):			
Spouse/Companion E-mail:			
Spouse/Companion Mobile Phone:			
Please see the next page for emergency contact, hote	l reservation and website ir	nformati	on.





## **Chain/Retailer 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

#### Omni Boston Hotel at the Seaport

450 Summer Street Boston, MA 02210

Rate: \$401 Single or Double Occupancy

#### **Seaport Boston Hotel**

1 Seaport Lane Boston, MA 02210

Rate: \$349 Single or Double Occupancy

## **Element Boston Seaport District**

391-395 D Street Boston, MA 02210

Rate: \$345 Single or Double Occupancy

#### Renaissance Boston Waterfront Hotel

606 Congress Street Boston, MA 02210

Rate: \$358 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.



Registrant's Name:\_

As Seen on TV

Audio/Video (Blank)

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# **Product Category Identification**

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

Cor	mpan	y:			
Ple res	ase c ponsi	ct Category Identification  check the appropriate box(es) to indicate the groups of prod bility. Choose Brand Name and/or Store Brand for each appl	ucts oi	r serv	rices for which you have buying power and/or supervisory duct. The responses provided below will be used to indicat
you	ur are	ea(s) of responsibility on the conference website.			
BRAND NAME	2		BRAND NAME	BRAND	
Ž	BRAND		Ž	BRA	
Ä	STORE		NA NA	STORE	
BR	STC	Baby Care	B	STO	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) Giftware
0	0	Frozen Food	0	0	Giftwrap
0	0	Gum	0	0	Greeting Cards
0	0	Pet Food	0	0	Hardware
0	0	Snacks (Warehoused, Non-DSD)	0	0	Home Décor
0	0	Snacks and Chips (DSD)	0	0	Home Textiles/Domestics
0	0	Tobacco Products and Smoking Accessories	0	0	Hosiery
		Cosmetics & Fragrances	0	0	Housewares
_	_	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
Ü		Torrotries and tragiances	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
0	0	Appliances			



Registrant's Name:\_

Paper Products

Rubber Gloves

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# Product Category Identification

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

Со	npany	r:			
Ple	ase c	ct Category Identification heck the appropriate box(es) to indicate the groups of products bility. Choose Brand Name and/or Store Brand for each applicab	or s	servic	ces for which you have buying power and/or supervisor
VOL	Jr are	a(s) of responsibility on the conference website.		лоас	ver. The responses provided below will be used to indice
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BRAND NAME	BRAND		Brand Name	Store Brand	
Ş	R		Ş	A.	
BRA	Store	Healthcare/OTC	BRA	STO	Merchandise Programs
0	0	Air Cleaners	0	0	Close-Out Merchandise
0	0	Allergy		0	
0	0	Analgesics (External)	0	O	Dollar Program Merchandise
	0	Analgesics (Internal)			Personal Care/HBC
0	0	Aromatherapy	_	_	
0		Contraception/Family Planning	0	0	Bar Soap, Bath Care and Accessories
0	0		0	0	Body Washes
0	0	Cough and Cold Diet Aids	0	0	Deodorants/Antiperspirants
0	0		0	0	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	0	0	Hair Color
0	0	Healthcare Appliances (Heating Pads, Massagers, etc.)	0	0	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	O	O	mar size
0	0	Pediculicides and Accessories			Photo
0	0	Personal Lubricants/Intimacy Products	_	_	
	0	Sleep Aids	0	0	Albums and Frames
0	0	Smoking Cessation Products	0	0	Batteries/Flashlights
0		Sports Nutritionals	0	0	Photo (Camera, Film, Supplies and Photo Finishing)
0	0	·			Ca was wall
0	0	Thermometers Van arizons			Seasonal
0	0	Vaporizers	0	0	Christmas Boxed Cards/Gift Wrap
0	0	Vitamins, Minerals and Supplements	0	0	Garden Chemicals/Fertilizers
0	0	Women's Health/Feminine Hygiene	0	0	Garden Compound
			0	0	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
Ū	Ū	opens maps, soppons, nosses and Elasne steelangs	0	0	Winter Seasonal-Automotive
0	0	Household Products/Non-Edible Consumables Air Fresheners	0	0	Winter Seasonal- Hats/Gloves
0	0	Bags/Wraps			
	0	Home Fragrance (Incense, Scented Oils, Reed Diffusers, etc.)			
0		Household Chemicals			
0	0	Household Cleaning Supplies			
0	0	Insect Repellent			
0	U	II BOCT NODOIIOTII			





## **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

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BRAND NAME	
Z □	Pharmacy Operations Equipment and
RAN.	Services
0	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 Staffina Agencies

Pharmacy/Physician Connectivity Vendors

**Retail Clinics** 

Telehealth

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## **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