

## 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](http://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 [registration@nacds.org](mailto:registration@nacds.org).

### Cancellations and Substitutions

Cancellations and Substitutions for this meeting must be made in writing using the designated forms on the TSE Website at [tse.nacds.org](http://tse.nacds.org). Registration cancellations received prior to **April 22, 2022**, will be refunded less a \$350 administrative fee per registrant. Registration fees for cancellations after **April 22, 2022**, are non-refundable.

### Health & Safety Policy (6/13/22)

NACDS' priority is to conduct the Total Store Expo in a manner consistent with the health and safety of our attendees and industry partners. Attendees will be required to comply with relevant policies and requirements as communicated by NACDS to gain entrance to the Total Store Expo.

Review the current Health & Safety policy at [tse.nacds.org/register](http://tse.nacds.org/register).

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: \_\_\_\_\_

Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

*Please provide the most current information below, as it will be published in all conference materials.*

### Registrant Information

Company Name: \_\_\_\_\_

Dr.  Mr.  Ms.  Mrs. First Time Attending?  Y  N

Full Name: \_\_\_\_\_

Nickname (for badge): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext. \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

*Mobile phone numbers will be used by NACDS for event information and emergency notifications only*

E-mail: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_

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: \_\_\_\_\_

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

## 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.)  Yes  No  
If yes, please continue to read all hotel information below.

### 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](mailto: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 events will be held at the Boston Convention & Exhibition Center, 415 Summer St., Boston, MA. 02210 and the Omni Boston Hotel at the Seaport, 450 Summer St., Boston, MA 02210, unless noted otherwise. All hotels are within walking distance to TSE events.

**Aloft Boston Seaport District**  
401-403 D St., Boston, MA 02210  
Single/Double: \$317

**Renaissance Boston Waterfront Hotel**  
606 Congress St., Boston, MA 02210  
Single/Double: \$344

**Element Boston Seaport District**  
391-395 D St., Boston, MA 02210  
Single/Double: \$317

**Seaport Hotel**  
1 Seaport Lane, Boston, MA 02210  
Single/Double: \$340

**Omni Boston Hotel at the Seaport**  
450 Summer St., Boston, MA 02210  
Single/Double: \$386

**Westin Boston Waterfront**  
425 Summer St., Boston, MA 02210  
Single/Double: \$339

### Hotel Confirmation

Hotel confirmations will be sent from NACDS Housing upon completion of your booking and will include a confirmation number and website link to make any changes. After **Friday, July 22, 2022**, 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 **Friday, July 22, 2022** using the link provided in your "Hotel Reservation Confirmation". After **Friday, July 22, 2022**, 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 JULY 22, 2022.**

### 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 **Friday, July 22, 2022**. No refunds will be available for changes or cancellations made after this date.

### Housing Questions

Please contact NACDS Housing at (703) 837-4300, ext. 1.

### 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.

## 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.

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

<p><small>BRAND NAME</small></p> <p><small>STORE BRAND</small></p> <p><b>Healthcare/OTC</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Air Cleaners</p> <p><input type="checkbox"/> <input type="checkbox"/> Allergy</p> <p><input type="checkbox"/> <input type="checkbox"/> Analgesics (External)</p> <p><input type="checkbox"/> <input type="checkbox"/> Analgesics (Internal)</p> <p><input type="checkbox"/> <input type="checkbox"/> Aromatherapy</p> <p><input type="checkbox"/> <input type="checkbox"/> Contraception/Family Planning</p> <p><input type="checkbox"/> <input type="checkbox"/> Cough and Cold</p> <p><input type="checkbox"/> <input type="checkbox"/> Diet Aids</p> <p><input type="checkbox"/> <input type="checkbox"/> Digestives/Antigas/Antidiarrheal</p> <p><input type="checkbox"/> <input type="checkbox"/> Dose Aids</p> <p><input type="checkbox"/> <input type="checkbox"/> Ear &amp; Hearing Accessories</p> <p><input type="checkbox"/> <input type="checkbox"/> Ear Medications</p> <p><input type="checkbox"/> <input type="checkbox"/> Eye/Contact Lens Care</p> <p><input type="checkbox"/> <input type="checkbox"/> First Aid/Wound Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Foot Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Healthcare Appliances (Heating Pads, Massagers, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Humidifiers</p> <p><input type="checkbox"/> <input type="checkbox"/> Incontinence Products</p> <p><input type="checkbox"/> <input type="checkbox"/> Lip Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Liquid Adult Nutritionals</p> <p><input type="checkbox"/> <input type="checkbox"/> Natural Health and Wellness</p> <p><input type="checkbox"/> <input type="checkbox"/> Nutrition Bars</p> <p><input type="checkbox"/> <input type="checkbox"/> Ointments</p> <p><input type="checkbox"/> <input type="checkbox"/> Pediculicides and Accessories</p> <p><input type="checkbox"/> <input type="checkbox"/> Personal Lubricants/Intimacy Products</p> <p><input type="checkbox"/> <input type="checkbox"/> Sleep Aids</p> <p><input type="checkbox"/> <input type="checkbox"/> Smoking Cessation Products</p> <p><input type="checkbox"/> <input type="checkbox"/> Sports Nutritionals</p> <p><input type="checkbox"/> <input type="checkbox"/> Thermometers</p> <p><input type="checkbox"/> <input type="checkbox"/> Vaporizers</p> <p><input type="checkbox"/> <input type="checkbox"/> Vitamins, Minerals and Supplements</p> <p><input type="checkbox"/> <input type="checkbox"/> Women's Health/Feminine Hygiene</p> <p><b>Home Healthcare</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetic Care (Supplies and Devices)</p> <p><input type="checkbox"/> <input type="checkbox"/> Durable Medical Equipment (Bath Safety/Mobility Aids)</p> <p><input type="checkbox"/> <input type="checkbox"/> Home Diagnostics</p> <p><input type="checkbox"/> <input type="checkbox"/> Home Healthcare—Other Supplies and Equipment</p> <p><input type="checkbox"/> <input type="checkbox"/> Home Infusion Supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Ostomy Supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Pillows (Therapeutic)</p> <p><input type="checkbox"/> <input type="checkbox"/> Sports Wraps, Supports, Trusses and Elastic Stockings</p> <p><b>Household Products/Non-Edible Consumables</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Air Fresheners</p> <p><input type="checkbox"/> <input type="checkbox"/> Bags/Wraps</p> <p><input type="checkbox"/> <input type="checkbox"/> Home Fragrance (Incense, Scented Oils, Reed Diffusers, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Household Chemicals</p> <p><input type="checkbox"/> <input type="checkbox"/> Household Cleaning Supplies</p> <p><input type="checkbox"/> <input type="checkbox"/> Insect Repellent</p> <p><input type="checkbox"/> <input type="checkbox"/> Paper Products</p> <p><input type="checkbox"/> <input type="checkbox"/> Rubber Gloves</p>	<p><small>BRAND NAME</small></p> <p><small>STORE BRAND</small></p> <p><b>Merchandise Programs</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Close-Out Merchandise</p> <p><input type="checkbox"/> <input type="checkbox"/> Dollar Program Merchandise</p> <p><b>Personal Care/HBC</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Bar Soap, Bath Care and Accessories</p> <p><input type="checkbox"/> <input type="checkbox"/> Body Washes</p> <p><input type="checkbox"/> <input type="checkbox"/> Deodorants/Antiperspirants</p> <p><input type="checkbox"/> <input type="checkbox"/> Depilatories (Hair Removal)</p> <p><input type="checkbox"/> <input type="checkbox"/> Ethnic Hair Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Ethnic Skin Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Facial Skin Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Hair Accessories</p> <p><input type="checkbox"/> <input type="checkbox"/> Hair Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Hair Care Appliances</p> <p><input type="checkbox"/> <input type="checkbox"/> Hair Color</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand Sanitizer</p> <p><input type="checkbox"/> <input type="checkbox"/> Oral Hygiene</p> <p><input type="checkbox"/> <input type="checkbox"/> Shaving Preparations and Accessories</p> <p><input type="checkbox"/> <input type="checkbox"/> Skin Care Products and Lotions (Female)</p> <p><input type="checkbox"/> <input type="checkbox"/> Skin Care Products and Lotions (Male)</p> <p><input type="checkbox"/> <input type="checkbox"/> Sun Care Products</p> <p><input type="checkbox"/> <input type="checkbox"/> Trial Size</p> <p><b>Photo</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Albums and Frames</p> <p><input type="checkbox"/> <input type="checkbox"/> Batteries/Flashlights</p> <p><input type="checkbox"/> <input type="checkbox"/> Photo (Camera, Film, Supplies and Photo Finishing)</p> <p><b>Seasonal</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Christmas Boxed Cards/Gift Wrap</p> <p><input type="checkbox"/> <input type="checkbox"/> Garden Chemicals/Fertilizers</p> <p><input type="checkbox"/> <input type="checkbox"/> Garden Compound</p> <p><input type="checkbox"/> <input type="checkbox"/> Garden Decor</p> <p><input type="checkbox"/> <input type="checkbox"/> Garden Tools/Watering</p> <p><input type="checkbox"/> <input type="checkbox"/> Grills/Bar-B-Que</p> <p><input type="checkbox"/> <input type="checkbox"/> Inflatables/Squirt Guns</p> <p><input type="checkbox"/> <input type="checkbox"/> Live Goods</p> <p><input type="checkbox"/> <input type="checkbox"/> Pool and Spa Chemicals</p> <p><input type="checkbox"/> <input type="checkbox"/> Seasonal Plush Toys</p> <p><input type="checkbox"/> <input type="checkbox"/> Seasonal Sundries (Valentine, Easter, etc.)</p> <p><input type="checkbox"/> <input type="checkbox"/> Summer Lawn Furniture</p> <p><input type="checkbox"/> <input type="checkbox"/> Trim-a-Tree/Trees/Lights/Decor</p> <p><input type="checkbox"/> <input type="checkbox"/> Winter Seasonal-Automotive</p> <p><input type="checkbox"/> <input type="checkbox"/> Winter Seasonal- Hats/Gloves</p>
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**Product Category Identification**

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Company: \_\_\_\_\_

**Product Category Identification**

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

- BRAND NAME
- 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