

Chain/Retailer Registration

Special Offer to Retailers

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

Registration Instructions

The Chain/Retailer Registration 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.

Please complete all sections of this registration form. Registrations received without complete information will not be accepted.

Online Registration

Online registration is also available. Go to tse.nacds.org and select:
• "Register Now"

Fax or Mail

If you wish to fax or mail your registration please complete this registration form. You may photocopy this form for additional registrants.

Fax form to (703) 683-5678.

Mail 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. Other overnight delivery services (FedEx, UPS, etc.) cannot deliver to this address.

Spouse/Companion Registration

Includes all business and social activities for your spouse/companion with the exception of the Exhibit Hall. Spouses/Companions will not be given access to the Exhibit Hall.

Registration Questions

Please contact the NACDS Registration Department at registration@nacds.org.

Federal Tax ID#13-5582579

Individual Completing the Form

Name: _____

Title: _____

Telephone: _____ Ext.: _____

Email Address: _____

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

Fax: _____

E-mail: _____

Address 1: _____

Address 2: _____

City: _____ State/Province _____

Zip/Mail Code: _____ Country: _____

Spouse/Companion Information

Spouse/Companion Name: _____

Spouse/Companion Nickname (for badge): _____

Spouse/Companion E-mail: _____

Please see the next page for emergency contact, hotel reservation and important 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 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 personalized link to NACDS Housing.

Note: This personalized link will secure housing for the registered attendee only and cannot be used to secure reservations for others.

Reservations will be taken on a first-come, first-served basis. Please make your hotel reservation as soon as possible. The hotel cut-off date is **Thursday, July 2, 2020**. After this date, NACDS cannot guarantee hotel room rates and availability.

2020 Total Store Expo Official Hotels

All Total Store Expo events will be held at the San Diego Convention Center and the Marriott Marquis San Diego Marina and are within walking distance of the hotels listed below.

Hard Rock Hotel San Diego
207 Fifth Avenue, San Diego, CA 92101
Rate: \$299 Single/Double

Marriott Marquis San Diego Marina
333 W Harbor Drive, San Diego, CA 92101
Rates: City View: \$297.00 Single/Double
Bay View: \$319.00 Single/Double

Residence Inn San Diego
356 6th Avenue, San Diego, CA 92101
Rates: \$239 Single/Double

Hilton San Diego Gaslamp Quarter
401 K Street, San Diego, CA 92101
Rate: \$288 Single/Double

Omni San Diego Hotel
675 L Street, San Diego, CA 92101
Rates: \$279 Deluxe Room – Single/Double
\$299 Premium Room – Single/Double

San Diego Marriott Gaslamp Quarter
660 K Street, San Diego, CA 92101
Rates: \$283.00 Single/\$303.00 Double

Hyatt Regency San Diego
1 Market Place, San Diego, CA 92101
Rates: \$275 Single/\$299 Double

Pendry San Diego
550 J Street, San Diego, CA 92101
Rate: \$326 Single/Double

**Rates are exclusive of applicable state and local taxes.*

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 **Thursday, July 2, 2020**, you will need to contact your assigned hotel directly in order to change your reservation.

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 2, 2020**. 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.

Conference Cancellations and Substitutions

All individual/registrant cancellations and substitutions must be submitted in writing using the designated form located on the TSE website, tse.nacds.org. Select "Register Now", then scroll down to the appropriate form.

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	STORE BRAND		BRAND NAME	STORE BRAND	
<input type="checkbox"/>	<input type="checkbox"/>	Baby Care	<input type="checkbox"/>	<input type="checkbox"/>	General Merchandise - cont.
<input type="checkbox"/>	<input type="checkbox"/>	Baby OTC	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video (Pre-Recorded)
<input type="checkbox"/>	<input type="checkbox"/>	Baby Toiletries	<input type="checkbox"/>	<input type="checkbox"/>	Automobile Supplies & Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Diapers	<input type="checkbox"/>	<input type="checkbox"/>	Bicycle Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Feeding and Nursing	<input type="checkbox"/>	<input type="checkbox"/>	Books, Paperbacks
<input type="checkbox"/>	<input type="checkbox"/>	Gear and Novelties	<input type="checkbox"/>	<input type="checkbox"/>	Calendars
<input type="checkbox"/>	<input type="checkbox"/>	Infant Formula	<input type="checkbox"/>	<input type="checkbox"/>	Camping
		Consumables	<input type="checkbox"/>	<input type="checkbox"/>	Cellular
<input type="checkbox"/>	<input type="checkbox"/>	Baby Food	<input type="checkbox"/>	<input type="checkbox"/>	Clocks
<input type="checkbox"/>	<input type="checkbox"/>	Beverages (Alcoholic)	<input type="checkbox"/>	<input type="checkbox"/>	Closet Organizers and Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Beverages (Non-Alcoholic)	<input type="checkbox"/>	<input type="checkbox"/>	Computer Accessories
<input type="checkbox"/>	<input type="checkbox"/>	Candy	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Electronics
<input type="checkbox"/>	<input type="checkbox"/>	Dairy Products	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Magazines
<input type="checkbox"/>	<input type="checkbox"/>	Deli	<input type="checkbox"/>	<input type="checkbox"/>	Electric Razors
<input type="checkbox"/>	<input type="checkbox"/>	Dry Grocery (DSD)	<input type="checkbox"/>	<input type="checkbox"/>	Fans
<input type="checkbox"/>	<input type="checkbox"/>	Dry Grocery/Warehoused Convenience Foods (Non-DSD)	<input type="checkbox"/>	<input type="checkbox"/>	File Cabinets/Safes
<input type="checkbox"/>	<input type="checkbox"/>	Energy Products (Shots, Bars, Tablets)	<input type="checkbox"/>	<input type="checkbox"/>	Fire Logs
<input type="checkbox"/>	<input type="checkbox"/>	Fresh Food	<input type="checkbox"/>	<input type="checkbox"/>	Footwear
<input type="checkbox"/>	<input type="checkbox"/>	Frozen Food	<input type="checkbox"/>	<input type="checkbox"/>	Furniture (Home, Office and Computer)
<input type="checkbox"/>	<input type="checkbox"/>	Gum	<input type="checkbox"/>	<input type="checkbox"/>	Giftware
<input type="checkbox"/>	<input type="checkbox"/>	Pet Food	<input type="checkbox"/>	<input type="checkbox"/>	Giftwrap
<input type="checkbox"/>	<input type="checkbox"/>	Snacks (Warehoused, Non-DSD)	<input type="checkbox"/>	<input type="checkbox"/>	Greeting Cards
<input type="checkbox"/>	<input type="checkbox"/>	Snacks and Chips (DSD)	<input type="checkbox"/>	<input type="checkbox"/>	Hardware
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Products and Smoking Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Home Décor
		Cosmetics & Fragrances	<input type="checkbox"/>	<input type="checkbox"/>	Home Textiles/Domestics
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Hosiery
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic Bags and Organizers	<input type="checkbox"/>	<input type="checkbox"/>	Housewares
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	Insulated Chests, Jars, Vacuum Bottles, Lunch Kits
<input type="checkbox"/>	<input type="checkbox"/>	Ethnic Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	Jewelry
<input type="checkbox"/>	<input type="checkbox"/>	Nail Care and Accessories	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Goods/Textiles
<input type="checkbox"/>	<input type="checkbox"/>	Perfumes and Fragrances	<input type="checkbox"/>	<input type="checkbox"/>	Lamps/Lamp Accessories
		Front End Services	<input type="checkbox"/>	<input type="checkbox"/>	Lawn and Garden Supplies
<input type="checkbox"/>	<input type="checkbox"/>	Broker/Manufacturer Representative	<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

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 (continued)

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

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 (continued)

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
- Pharmacy Operations Equipment and Services
 - 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

- 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