Please complete a separate registration form for each attendee and email to scott.drosselmeier@clarionevents.com.
Questions? Please contact Customer Service at 708-786-4108.

ATTENDEE INFORMATION

First Name: _________________________________________________   Last Name: _________________________________________________
Title: ________________________________________________  Company: _________________________________________________________
Email: ______________________________________________________  Phone: _____________________________________________________
Address: ________________________________________________________________  City: ___________________________________________
State: _______________  Zip: _________________________________  Country: _____________________________________________________

Are you over 21?   YES  NO
☐ Check here if you are an existing NGA Member   ☐ Check here to receive information on NGA membership.
☐ Check here if you would like to opt out of emails from our partners.

1. Have you attended the NGA Show previously?  
   ☐ Yes  ☐ No

2. I am interested in being a student mentor for the NGA Foundation Student Mentor Program (opportunity to discuss industry career with a talented college student)  
   ☐ Yes  ☐ No

3. What is your job title? (check all that apply)   
   ☐ Owner  ☐ CIO/CTO  ☐ General Manager  ☐ Operations  ☐ Marketing  ☐ Human Resources  ☐ Purchasing  ☐ Produce Department  ☐ Dairy Department  ☐ Meat Department  ☐ Communications/PR  ☐ Food Safety  ☐ Center Store  ☐ Legal  ☐ Other (please specify)  _________________________________

4. What is your primary business? (this questions directs to the following question and determines registration type)  
   ☐ Retailer  ☐ Wholesaler  ☐ Supplier/Associate  ☐ Other (specify)  _______________

5. If you are a Retailer, what is your store format? (check all that apply)   
   ☐ Traditional Supermarket  ☐ Small Grocery  ☐ Fresh Format  ☐ Everyday Low Price  ☐ High/Low  ☐ Cost Plus  ☐ Upscale  ☐ Warehouse  ☐ Non-Traditional Grocery

6. If you are a Retailer, how many locations do you have?  
   ☐ Single Store  ☐ 2 to 5  ☐ 6 to 15  ☐ 16 to 30  ☐ 31 to 50  ☐ 51 to 70  ☐ 71 to 100  ☐ 101+

7. Please tell us which products you are coming to see at the show. (check all that apply)  
   ☐ Center Store  ☐ Corporate Services  ☐ Financial Services  ☐ Fresh Products  ☐ Health and Wellness  ☐ HR/Staffing and Retention  ☐ Operational Services  ☐ Store Design & Equipment  ☐ Specialty Format  ☐ Technology Solutions  ☐ Other (specify):  _______________

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<table>
<thead>
<tr>
<th>Pass Type</th>
<th>Advance Rate: 9/17/19 – 12/13/19</th>
<th>Standard Rate: 12/14/19 – 2/22/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retailer/Wholesaler – Full Conference – Member</td>
<td>$525</td>
<td>$625</td>
</tr>
<tr>
<td>Retailer/Wholesaler – Full Conference – Non Member</td>
<td>$775</td>
<td>$875</td>
</tr>
<tr>
<td>Retailer/Wholesaler – One Day Pass – Member</td>
<td>$225</td>
<td>$325</td>
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<tr>
<td>Retailer/Wholesaler – One Day Pass – Non Member</td>
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<td>$400</td>
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<tr>
<td>Retailer/Wholesaler – Expo Only – Member</td>
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<td>Retailer/Wholesaler – Expo Only – Non Member</td>
<td>$225</td>
<td>$225</td>
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<tr>
<td>Retailer/Wholesaler – Special Event &amp; Exhibits Pass – Member</td>
<td>$225</td>
<td>$325</td>
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<tr>
<td>Bring the Team Bundle – 8 Retailers – Full Conference – Member</td>
<td>$3,200</td>
<td>$3,840</td>
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<td>Bring the Team Bundle – 8 Retailers – Full Conference – Non Member</td>
<td>$5,100</td>
<td>$5,780</td>
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<tr>
<td>Next Gen Full Conference Pass (retailer/wholesaler, age 24 and under)</td>
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<td>$199</td>
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<tr>
<td>Spouse: Full Name _______________________________________________________</td>
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<tr>
<td>Consultant/Non Exhibiting Supplier – Full Conference – Member</td>
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<td>$1,125</td>
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<tr>
<td>Consultant/Non Exhibiting Supplier – Full Conference – Non Member</td>
<td>$2,150</td>
<td>$2,250</td>
</tr>
</tbody>
</table>

**CREDIT CARD TYPE:**

Payment Method:  
- ☐ MasterCard  
- ☐ VISA  
- ☐ AMEX  
- ☐ Discover

Name as it Appears on Credit Card (Please Print): _____________________________________________________________

Credit Card Number: ______________________________________________________________________________________

CSC: ___________________________ Expiration Date: ___________________________ City: ___________________________

Billing Address: __________________________________________________________________________________________

State: ___________ Zip: _______________ Country: ___________________________

Authorized Signature: ___________________________________________ Date: ___________________________

*If you need to pay by check, please contact Scott at scott.drosselmeier@clarionevents.com.

Cancellation/Refund Policy: All registration cancellations and refund requests must be made in writing by January 22, 2020. A refund of the full conference fee, minus a $100 administrative fee or 50% of your registration fee, whichever is lower, will be given for cancellations received by that date. No refunds will be granted for requests postmarked on or after January 20, 2020. Submit all requests to NGA via email at thefoodshows@urban-expo.com