

Booth Space Application

General Conference Information

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 registration will be accepted. Registrations received without payment will not be accepted.

• Individual registration fees may be paid by check or credit card. Faxed 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 registrants will be e-mailed a conference confirmation.

• Badges will be available onsite and are not provided in advance.

• Please read the "Rules and Regulations" in their entirety on the Marketplace website:

GO TO www.NACDSMarketplace.org

SELECT "Register"

SEE "Exhibit Information"

SELECT "Rules and Regulations"

Need Help? Please call

• **Registration** Call (703) 837-4300, ext. 2
Individual registration, general information, changes and cancellations.

• **Booths/Exhibits** (703) 837-4300, ext. 3
Booth registration, general information and cancellations.

• **Housing** (703) 837-4300, ext. 1
Hotel assignments will be made by NACDS when your fully paid registration is received. Confirmations come directly from your hotel. All date changes, cancellations and name substitutions should be made directly with your assigned hotel.

• **Cancellations and Substitutions**
All individual cancellations and substitutions must be submitted in writing. These forms are available on the Marketplace website, www.NACDSMarketplace.org. First select "Register", then "Registration Information." Completed forms should be faxed to (703) 683-5678.

If you prefer to have a form e-mailed or faxed directly to you, please call the Registration Department at (703) 837-4300, ext. 2.

Online registration is available at www.NACDSMarketplace.org

Important Dates & Deadlines

Cancellations	March 13, 2009	Individual and Booth registration cancellation deadline.
Booth Assignments	Late March	E-mailed to Booth Logistics Coordinator and all registrants.
Exhibitor Kits Mailed	Late March	Mailed to Booth Logistics Coordinator.
Hotel Reservations	May 22, 2009	After this date, reservation requests will be handled on a space and rate available basis.
Hotel Cancellation	May 22, 2009	Last day to cancel a room reservation without penalty.

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Exhibit Hall Booth Fees

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

NACDS Member

Booth fee does not include registration fee for any booth personnel.

- 10' x 10' \$4,300
- 10' x 20' \$10,150
- 10' x 30' \$15,200
- 10' x 40' \$20,450
- 20' x 20' Island* \$22,600
- 20' x 30' Island* \$33,250
- 20' x 40' Island* \$44,300
- 20' x 50' Island* \$55,450
- 20' x 60' Island* \$66,550
- 20' x 70' Island* \$77,650
- 30' x 30' Island* \$49,900
- 30' x 40' Island* \$66,550
- 30' x 50' Island* \$82,350
- 40' x 40' Island* \$88,700
- 50' x 70' Island* \$181,900

Custom booth sizes are available upon request. Please call (703) 837-4320.

Custom size:

_____ X _____ \$ _____

** Island booths that are two stories high or hang anything overhead must submit for approval a description and schematic/photo of each to NACDS Exhibit Management and GES Exposition Services by May 4, 2009. (See Section II, #14, Rules and Regulations.)*

Non-member

- 10' x 10' \$7,500

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

Payment Method Credit Card Check

Credit Card    

Credit Card # _____

Exp. Date _____

Authorized Purchase amount _____

Name _____

Signature _____

Manufacturer Representative Yes No

If Yes: Please contact the NACDS Exhibits Department for a Manufacturer Representative Form. Additional charges and restrictions for Manufacturer Representatives are also listed in the Rules and Regulations (Section I, #10).

Exhibit Questions

Call the NACDS Exhibits Department at (703) 837-4320.

Mail Completed Form To

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

To Reserve Booth Space

Online registration and payment is available at the conference website www.NACDSMarketplace.org. First select "Register," then select "Booth Application Form".

For Conventional Registration

- Please complete this form in its entirety.
- Make checks payable to "NACDS" and return to the address listed below.
- Read all "Rules and Regulations" online at www.NACDSMarketplace.org.

Apply as soon as possible for the best location possible.

Company Information

First-Time Exhibitor? Yes No

Company _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____ Ext. _____

Fax _____

Company Home Page Address _____

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 _____

Address (if different from above) _____

City _____ State _____

Zip _____ Country _____

Phone _____ Ext. _____

Fax _____

E-mail _____

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 and Regulations" located online at www.NACDSMarketplace.org.

Name _____ Title _____

Signature _____

Federal Tax ID# 13-5582579

For NACDS use only

Date	Amount	Check #
Co. ID	Entered	Proofed

Booth Space Application

Company Name _____

Please check the appropriate circle(s) to indicate the groups of products or services for which you have buying power and/or supervisory responsibility. Choose Brand Name and/or Private Label for each applicable product. The responses provided below will be used to indicate your area(s) of responsibility on the conference website.

BRAND NAME	PRIVATE LABEL		BRAND NAME	PRIVATE LABEL	
		Baby Care			
<input type="radio"/>	<input type="radio"/>	Baby Products & Accessories	<input type="radio"/>	<input type="radio"/>	Furniture (Home, Office & Computer)
<input type="radio"/>	<input type="radio"/>	Diapers	<input type="radio"/>	<input type="radio"/>	Giftware
<input type="radio"/>	<input type="radio"/>	Infant Formula	<input type="radio"/>	<input type="radio"/>	Giftwrap
		Consumables	<input type="radio"/>	<input type="radio"/>	Greeting Cards
<input type="radio"/>	<input type="radio"/>	Baby Food	<input type="radio"/>	<input type="radio"/>	Hardware
<input type="radio"/>	<input type="radio"/>	Beverages (Alcoholic)	<input type="radio"/>	<input type="radio"/>	Home Décor
<input type="radio"/>	<input type="radio"/>	Beverages (Non-Alcoholic)	<input type="radio"/>	<input type="radio"/>	Home Textiles/Domestics
<input type="radio"/>	<input type="radio"/>	Candy	<input type="radio"/>	<input type="radio"/>	Hosiery
<input type="radio"/>	<input type="radio"/>	Dairy Products	<input type="radio"/>	<input type="radio"/>	Housewares
<input type="radio"/>	<input type="radio"/>	Deli	<input type="radio"/>	<input type="radio"/>	Insulated Chests, Jars, Vacuum Bottles, Lunch Kits
<input type="radio"/>	<input type="radio"/>	Dry Grocery (DSD)	<input type="radio"/>	<input type="radio"/>	Jewelry
<input type="radio"/>	<input type="radio"/>	Dry Grocery/Warehoused Convenience Foods (Non-DSD)	<input type="radio"/>	<input type="radio"/>	Kitchen Goods/Textiles
<input type="radio"/>	<input type="radio"/>	Frozen Food	<input type="radio"/>	<input type="radio"/>	Lamps/Lamp Accessories
<input type="radio"/>	<input type="radio"/>	Gum	<input type="radio"/>	<input type="radio"/>	Lawn & Garden Supplies
<input type="radio"/>	<input type="radio"/>	Pet Food	<input type="radio"/>	<input type="radio"/>	Leather Goods
<input type="radio"/>	<input type="radio"/>	Snacks (Warehoused, Non-DSD)	<input type="radio"/>	<input type="radio"/>	Light Bulbs
<input type="radio"/>	<input type="radio"/>	Snacks & Chips (DSD)	<input type="radio"/>	<input type="radio"/>	Luggage
<input type="radio"/>	<input type="radio"/>	Tobacco Products & Smoking Accessories	<input type="radio"/>	<input type="radio"/>	Pesticides
		Cosmetics & Fragrances	<input type="radio"/>	<input type="radio"/>	Pet Supplies
<input type="radio"/>	<input type="radio"/>	Cosmetic Accessories	<input type="radio"/>	<input type="radio"/>	Pre-Paid Gift Cards
<input type="radio"/>	<input type="radio"/>	Cosmetic Bags & Organizers	<input type="radio"/>	<input type="radio"/>	Pre-Paid Phone Cards
<input type="radio"/>	<input type="radio"/>	Cosmetics	<input type="radio"/>	<input type="radio"/>	Rainwear, Gear & Accessories
<input type="radio"/>	<input type="radio"/>	Ethnic Cosmetics	<input type="radio"/>	<input type="radio"/>	Reading & Sun Glasses
<input type="radio"/>	<input type="radio"/>	Nail Care & Accessories	<input type="radio"/>	<input type="radio"/>	Sewing
<input type="radio"/>	<input type="radio"/>	Perfumes & Fragrances	<input type="radio"/>	<input type="radio"/>	Shoe Care
		General Merchandise	<input type="radio"/>	<input type="radio"/>	Sporting Goods/Athletics
<input type="radio"/>	<input type="radio"/>	Apparel	<input type="radio"/>	<input type="radio"/>	Stationery/Stationery Supplies (Home, Office & School Supplies)
<input type="radio"/>	<input type="radio"/>	Appliances	<input type="radio"/>	<input type="radio"/>	Toys, Games & Playing Cards
<input type="radio"/>	<input type="radio"/>	As Seen on TV	<input type="radio"/>	<input type="radio"/>	Travel Aids
<input type="radio"/>	<input type="radio"/>	Audio/Video (Blank)	<input type="radio"/>	<input type="radio"/>	Vacuum Bags
<input type="radio"/>	<input type="radio"/>	Audio/Video (Pre-Recorded Tapes, CDs, and DVDs)	<input type="radio"/>	<input type="radio"/>	Watches
<input type="radio"/>	<input type="radio"/>	Automobile Supplies & Accessories			Health Care/OTC
<input type="radio"/>	<input type="radio"/>	Bicycle Accessories	<input type="radio"/>	<input type="radio"/>	Air Cleaners
<input type="radio"/>	<input type="radio"/>	Books, Paperbacks	<input type="radio"/>	<input type="radio"/>	Allergy
<input type="radio"/>	<input type="radio"/>	Calendars	<input type="radio"/>	<input type="radio"/>	Analgesics-External
<input type="radio"/>	<input type="radio"/>	Camping	<input type="radio"/>	<input type="radio"/>	Analgesics-Internal
<input type="radio"/>	<input type="radio"/>	Cellular	<input type="radio"/>	<input type="radio"/>	Aromatherapy
<input type="radio"/>	<input type="radio"/>	Clocks	<input type="radio"/>	<input type="radio"/>	Contraception/Family Planning
<input type="radio"/>	<input type="radio"/>	Closet Organizers & Accessories	<input type="radio"/>	<input type="radio"/>	Cough & Cold
<input type="radio"/>	<input type="radio"/>	Computer Accessories	<input type="radio"/>	<input type="radio"/>	Diet Aids
<input type="radio"/>	<input type="radio"/>	Consumer Electronics	<input type="radio"/>	<input type="radio"/>	Digestives/Antigas/Antidiarrheal
<input type="radio"/>	<input type="radio"/>	Consumer Magazines	<input type="radio"/>	<input type="radio"/>	Dose Aids
<input type="radio"/>	<input type="radio"/>	Electric Razors	<input type="radio"/>	<input type="radio"/>	Ear Accessories
<input type="radio"/>	<input type="radio"/>	Fans	<input type="radio"/>	<input type="radio"/>	Ear Medications
<input type="radio"/>	<input type="radio"/>	File Cabinets/Safes	<input type="radio"/>	<input type="radio"/>	Eye/Contact Lens Care
<input type="radio"/>	<input type="radio"/>	Fire Logs	<input type="radio"/>	<input type="radio"/>	First Aid/Wound Care
<input type="radio"/>	<input type="radio"/>	Footwear	<input type="radio"/>	<input type="radio"/>	Foot Care
			<input type="radio"/>	<input type="radio"/>	Health Care Appliances (Heating Pads, Massagers, etc.)
			<input type="radio"/>	<input type="radio"/>	Humidifiers

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Company Name _____

Please check the appropriate circle(s) to indicate the groups of products or services for which you have buying power and/or supervisory responsibility. Choose Brand Name and/or Private Label for each applicable product. The responses provided below will be used to indicate your area(s) of responsibility on the conference website.

- | BRAND NAME | PRIVATE LABEL | |
|-----------------------|-----------------------|--|
| | | Health Care/OTC (cont.) |
| <input type="radio"/> | <input type="radio"/> | Incontinence Products |
| <input type="radio"/> | <input type="radio"/> | Lip Care |
| <input type="radio"/> | <input type="radio"/> | Liquid Adult Nutritionals |
| <input type="radio"/> | <input type="radio"/> | Natural Health & Wellness |
| <input type="radio"/> | <input type="radio"/> | Nutrition Bars |
| <input type="radio"/> | <input type="radio"/> | Ointments |
| <input type="radio"/> | <input type="radio"/> | Pediculicides & Accessories |
| <input type="radio"/> | <input type="radio"/> | Personal Lubricants/Intimacy Products |
| <input type="radio"/> | <input type="radio"/> | Sleep Aids |
| <input type="radio"/> | <input type="radio"/> | Smoking Cessation Products |
| <input type="radio"/> | <input type="radio"/> | Sports Nutritionals |
| <input type="radio"/> | <input type="radio"/> | Thermometers |
| <input type="radio"/> | <input type="radio"/> | Vaporizers |
| <input type="radio"/> | <input type="radio"/> | Vitamins, Minerals & Supplements |
| <input type="radio"/> | <input type="radio"/> | Women's Health/Feminine Hygiene |
| | | Home Health Care |
| <input type="radio"/> | <input type="radio"/> | Diabetic Care (Supplies & Devices) |
| <input type="radio"/> | <input type="radio"/> | Durable Medical Equipment (Bath Safety/Mobility Aids) |
| <input type="radio"/> | <input type="radio"/> | Home Diagnostics |
| <input type="radio"/> | <input type="radio"/> | Home Health Care - Other Supplies & Equipment |
| <input type="radio"/> | <input type="radio"/> | Home Infusion Supplies |
| <input type="radio"/> | <input type="radio"/> | Pillows (Therapeutic) |
| <input type="radio"/> | <input type="radio"/> | Sports Wraps, Supports, Trusses & Elastic Stockings |
| | | Household Products/
Non-Edible Consumables |
| <input type="radio"/> | <input type="radio"/> | Air Fresheners (Sprays, Outlets, etc.) |
| <input type="radio"/> | <input type="radio"/> | Bags/Wraps |
| <input type="radio"/> | <input type="radio"/> | Home Fragrance (Incense, Scented Oils, Reed Diffusers, etc.) |
| <input type="radio"/> | <input type="radio"/> | Household Chemicals |
| <input type="radio"/> | <input type="radio"/> | Household Cleaning Supplies |
| <input type="radio"/> | <input type="radio"/> | Insect Repellent |
| <input type="radio"/> | <input type="radio"/> | Paper Products |
| <input type="radio"/> | <input type="radio"/> | Rubber Gloves |
| | | Merchandise Programs |
| <input type="radio"/> | <input type="radio"/> | Close-Out Merchandise |
| <input type="radio"/> | <input type="radio"/> | Dollar Program Merchandise |
| | | Personal Care/HBC |
| <input type="radio"/> | <input type="radio"/> | Bath Care & Accessories |
| <input type="radio"/> | <input type="radio"/> | Body Washes |
| <input type="radio"/> | <input type="radio"/> | Deodorants/Antiperspirants |
| <input type="radio"/> | <input type="radio"/> | Depilatories (Hair Removal) |
| <input type="radio"/> | <input type="radio"/> | Ethnic Hair Care |
| <input type="radio"/> | <input type="radio"/> | Ethnic Skin Care |
| <input type="radio"/> | <input type="radio"/> | Hair Accessories |

- | BRAND NAME | PRIVATE LABEL | |
|-----------------------|-----------------------|--|
| | | Personal Care/HBC (cont.) |
| <input type="radio"/> | <input type="radio"/> | Hair Care |
| <input type="radio"/> | <input type="radio"/> | Hair Care Appliances |
| <input type="radio"/> | <input type="radio"/> | Hair Color |
| <input type="radio"/> | <input type="radio"/> | Hand Sanitizer |
| <input type="radio"/> | <input type="radio"/> | Oral Hygiene |
| <input type="radio"/> | <input type="radio"/> | Shaving Preparations and Accessories |
| <input type="radio"/> | <input type="radio"/> | Skin Care Products & Lotions (Female) |
| <input type="radio"/> | <input type="radio"/> | Skin Care Products & Lotions (Male) |
| <input type="radio"/> | <input type="radio"/> | Sun Care Products |
| <input type="radio"/> | <input type="radio"/> | Trial Size |
| | | Photo |
| <input type="radio"/> | <input type="radio"/> | Albums & Frames |
| <input type="radio"/> | <input type="radio"/> | Batteries/Flashlights |
| <input type="radio"/> | <input type="radio"/> | Photo (Camera, Film, Supplies & Photo Finishing) |
| | | Seasonal |
| <input type="radio"/> | <input type="radio"/> | Christmas Boxed Cards/Gift Wrap |
| <input type="radio"/> | <input type="radio"/> | Garden Chemicals/Fertilizers |
| <input type="radio"/> | <input type="radio"/> | Garden Compound |
| <input type="radio"/> | <input type="radio"/> | Garden Decor |
| <input type="radio"/> | <input type="radio"/> | Garden Tools/Watering |
| <input type="radio"/> | <input type="radio"/> | Grills/Bar-B-Que |
| <input type="radio"/> | <input type="radio"/> | Inflatables/Squirt Guns |
| <input type="radio"/> | <input type="radio"/> | Live Goods |
| <input type="radio"/> | <input type="radio"/> | Pool & Spa Chemicals |
| <input type="radio"/> | <input type="radio"/> | Seasonal Plush Toys |
| <input type="radio"/> | <input type="radio"/> | Seasonal Sundries (Valentine, Easter, etc.) |
| <input type="radio"/> | <input type="radio"/> | Summer Lawn Furniture |
| <input type="radio"/> | <input type="radio"/> | Trim-Tree/Trees/Lights/Decor |
| <input type="radio"/> | <input type="radio"/> | Winter Seasonal-Automotive |
| <input type="radio"/> | <input type="radio"/> | Winter Seasonal-Hats/Gloves |
| | | Services |
| <input type="radio"/> | | Broker/Manufacturer's Representative |
| <input type="radio"/> | | Database & Information Vendors |
| <input type="radio"/> | | Financial/Inventory Management/Computer Systems |
| <input type="radio"/> | | Human Resources/Personnel |
| <input type="radio"/> | | In-Store Marketing |
| <input type="radio"/> | | Insurance Brokers/Agency |
| <input type="radio"/> | | Marketing/Consulting Services |
| <input type="radio"/> | | Point-of-Purchase Displays/Store Fixtures |
| <input type="radio"/> | | Reverse Logistics Provider |
| <input type="radio"/> | | Store Fixtures & Equipment |
| <input type="radio"/> | | Store Protection/Security |
| <input type="radio"/> | | Supply Chain & Logistics Services |
| <input type="radio"/> | | Trade Magazines |

Booth Space Application

Please complete all information. The information you provide may be a key factor regarding a retailer's decision to make an appointment with your company. (Please type or print clearly. Information is required to publish your company's profile in conference material and on the 2009 Marketplace website.)

Company Name _____

Conference Appointment Contact _____

Phone _____ Fax _____

E-mail _____

Company Description (50 Words)

Approximate Annual Dollar Volume (Please check one)

- Under \$5M \$5M-\$25M \$25M-\$50M \$50M-\$250M \$250M-\$1B Over \$1B
- Prefer not to disclose. (Please check this box if you do not wish your Annual Dollar Volume to be published. Annual Sales information will be published unless you check this box.)
- Privately Held Publicly Held
- Private Label/Store Brand Manufacturer Yes No

Supplier Diversity Programs - A number of retailers have Supplier Diversity Programs to encourage the growth of minority and female-owned businesses. **Please indicate if your company is Minority or Female owned** (see qualification below): Yes No

A Minority owned company, as defined by the National Minority Supplier Development Council (NMSDC), is a business which is owned (at least 51%) operated and controlled by United States Citizens who are Asian, Black, Hispanic and/or Native American. A Female owned company, as defined by the Women's Business Enterprise National Council (WBENC), is a business which is owned (at least 51%) operated and controlled by a woman or women.

Top Products by Name

1	_____	4	_____
2	_____	5	_____
3	_____	6	_____

Years in Business _____

Individual completing form

Name _____ Title _____

Phone _____ Ext. _____

The above information will be used to advise retailers of exhibitors' participation and to promote the conference. NACDS reserves the right to edit all submissions and accepts no liability for the validity of any information reported.

Booth Space Application

Company Name _____

To assist in your booth placement, indicate your primary product category and your secondary product categories in the space below. The primary category will determine the section of the Exhibit Hall in which your exhibit booth is placed; therefore please select only one primary category. List as many secondary categories as appropriate.

Check only one primary category, then pick all appropriate

secondary categories in rank order (1 = most important):

	Primary (Choose One)	Secondary (Rank Order)
Baby Care	<input type="radio"/>	[]
Consumables	<input type="radio"/>	[]
Cosmetics & Fragrances	<input type="radio"/>	[]
General Merchandise	<input type="radio"/>	[]
Health Care/OTC	<input type="radio"/>	[]
Home Health Care	<input type="radio"/>	[]
Household Products	<input type="radio"/>	[]
Merchandising Programs	<input type="radio"/>	[]
Personal Care/HBC	<input type="radio"/>	[]
Photo	<input type="radio"/>	[]
Seasonal	<input type="radio"/>	[]
Services	<input type="radio"/>	[]

Booth Location Preference

Booth assignments will be made so that exhibitors of similar products will be located in the same general area. A preliminary Exhibit Hall floorplan is attached. Your booth preferences will be used to help us understand the type and general areas you find most desirable. Actual assignment of space will be based on product category, size of the booth, historical participation, historical compliance with the "Rules and Regulations" and the date the booth space application form is received. All exhibit booth space will be assigned at the sole discretion of NACDS. (See "Rules and Regulations" online at www.NACDSMarketplace.org for details.)

Booth Preferences

1 _____ 3 _____
 2 _____ 4 _____

We prefer that our booth not be located next to:

1 _____ 3 _____
 2 _____ 4 _____

Other Special Requests

NACDS Marketplace 2

Cosmetics & Personal Care Hall

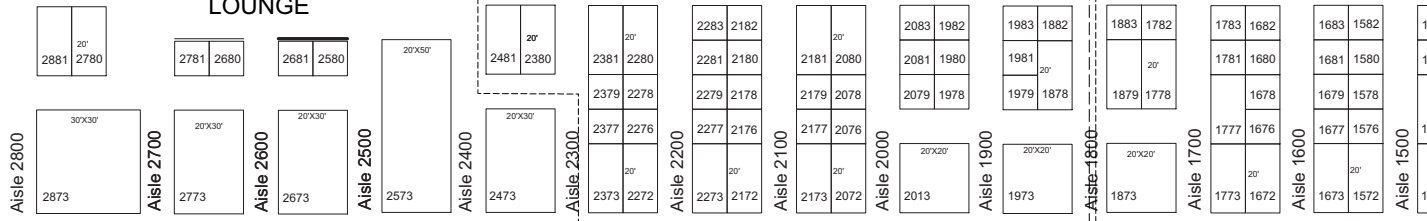
- * Bath Care
 - * Cosmetics & Accessories
 - * Hair Care
 - * Nail Care & Accessories
- * Perfumes & Fragrances
 - * Oral Hygiene
 - * Skin Care

General Merchandise

- * Consumables (Beverages/Food)
- * Facility & Operation
- * General Merchandise
- * Household Products

Service Center

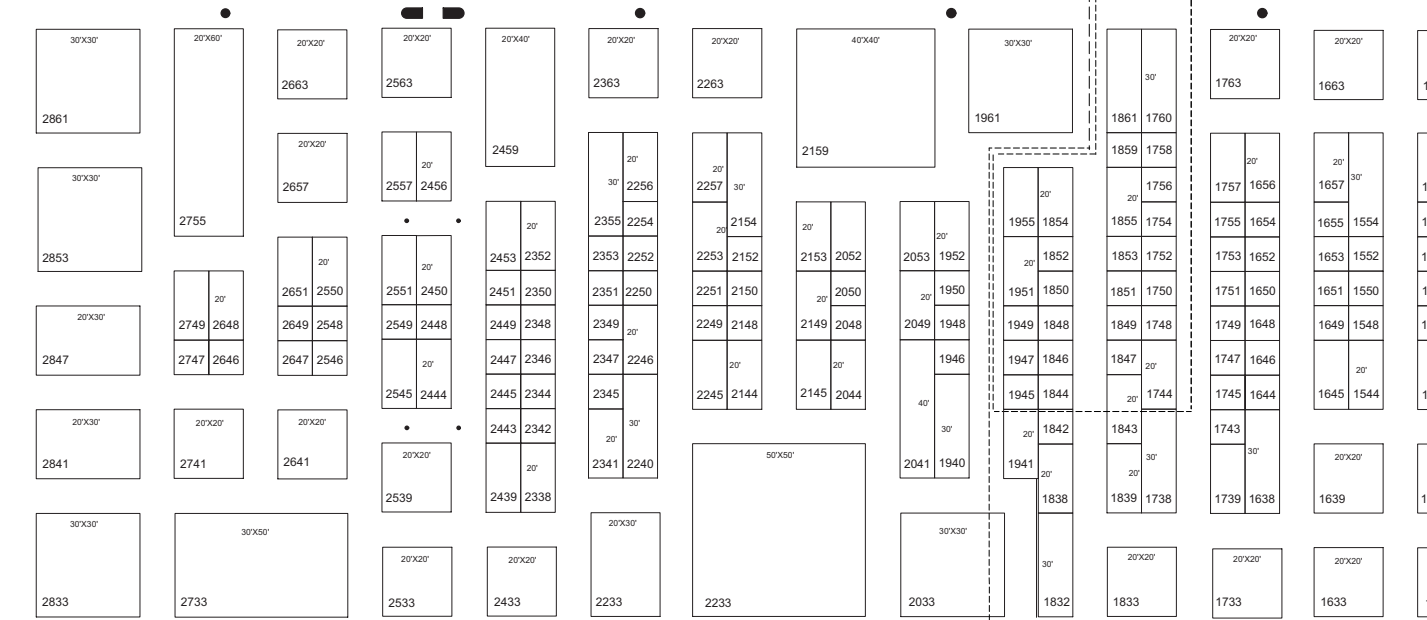
LOUNGE



LUNCH

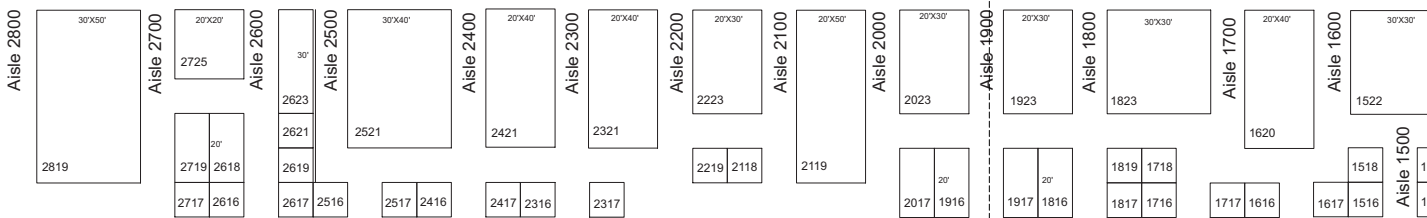
First Timer Area

First Timer Area



LUNCH

LOUNGE



009 - Boston, Mass

Disse & Consumables Hall

- (Food/Snacks)
- * Photo & Audio/Video
- * Point-of-Purchase Pavilion
- * Seasonal
- * Services

Healthcare Hall

- * Baby Care
- * Healthcare/OTC
- * Home Healthcare

