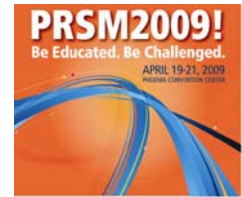


PRSM2009! On-Site Registration Form - Retailer

April 19-21, 2009 | Phoenix Convention Center, South Bldg. | Phoenix, AZ



Part I - INDIVIDUAL INFORMATION *(please print)*

First Name	Last Name	PRSM Member ID# <i>(if applicable)</i>	
Name as you wish it to appear on badge:	Nickname	Title	
Company Name			
Address			
City	State	Zip	Phone
E-mail		Spouse's Name (if registering)	

Part II - RETAILER DEMOGRAPHICS *(must complete for processing)*

First Time Attendees: I am a first time attendee I am not a first time attendee

Type of Store/Business

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> BB - Big Box/Superstore | <input type="checkbox"/> DS - Department Store | <input type="checkbox"/> DI - Discount | <input type="checkbox"/> EC - Electronics |
| <input type="checkbox"/> HD - Home/Domestics | <input type="checkbox"/> MM - Mass Merchant | <input type="checkbox"/> SA - Specialty/Apparel | <input type="checkbox"/> SH - Specialty/Hard Goods |
| <input type="checkbox"/> FC - Food/C-Store | <input type="checkbox"/> IR - Internet Retail | <input type="checkbox"/> GS - Gas Station | <input type="checkbox"/> GV - Government Services |
| <input type="checkbox"/> MT - Movie Theater | <input type="checkbox"/> PM - Property Management | <input type="checkbox"/> RS - Restaurant | <input type="checkbox"/> OT - Other _____ |

Number of Stores/Outlets

- 1 2-50 51-100 101-500
 501-1000 1001 - 5000 Over 5000

Position

- VP Nat'l. Director Reg. Director Manager Div. Manager Technical
 Coordinator Energy Mgmt. Other _____

Company Budget Size

- Under \$1Million \$1-\$2 Million \$2-\$5 Million \$5-\$10 Million \$10-\$20 Million \$20Million - \$50 Million Over \$50 Million

Part III - REGISTRATION FEE SCHEDULE

PRSM RETAIL MEMBERS

Full Conference Member Registration

- Primary Retail Member Complimentary
 Additional Member \$200

One-Day Member Registration

- Monday Member \$150
 Tuesday Member \$150

RETAIL NON-MEMBERS

- Full-Conference Registration \$300
 Non-Member

One-Day Non-Member Registration

- Monday Non-Member \$250
 Tuesday Non-Member \$250

RETAIL EXHIBIT HALL ONLY PASS

One-Day Registration

- Monday Exhibit Hall Only \$50
 Tuesday Exhibit Hall Only \$50

ADDITIONAL TICKETS

- Spouse Registration \$250*
 Grand Finale Dinner \$100

CALCULATE TOTAL REGISTRATION FEES

Registration Fee: \$ _____
 Fifth Registration Free \$ _____
 Spouse Registration \$ _____
 Grand Finale \$ _____
 Retail Only Exhibit Hall \$ _____
TOTAL DUE: \$ _____

* Includes access to Exhibit Hall Grand Opening, Day 1 & 2 Keynote Sessions & Grand Finale. This category is only available to the spouse or "significant other" of a retail or vendor registrant who wishes to attend select events. Vendors, suppliers and exhibitors who are attending the conference to conduct business, must register as a non-exhibiting vendor or as an exhibitor.

**Membership dues must be current to receive the member rate. If you are not a member and would like to join PRSM Association, please complete the membership applications on the back side of this form and submit it with your conference registration. Receipts and confirmation for any membership processing will be sent out after the conference.

Part IV - PAYMENT

- Credit Card Check Cash

Total Amount Due _____ Date _____

- AMEX VISA MasterCard

Credit Card# _____ Expiration Date _____ Security Code _____

Name as it appears on Card _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder's Signature *(Registration not valid without signature and payment)* _____

Registration Policies:

- **Payment:** Registrations will not be processed without FULL PAYMENT. Payment must be made by major credit card, check or cash in US dollars only.
- **Membership:** Membership dues must be **current** to receive member rate. Receipts and confirmation for any membership processing will be sent out after the conference.
- **Lost/Stolen Badges:** Lost or stolen badges are subject to a \$100 replacement fee. Badge replacement fee is non-refundable.
- **Cancellations:** There are no refunds for cancellations postmarked after 03/13/09/
- **Substitutions:** All requests for substitutions must be made in writing with a complete registration form. Additional fees may be required based on the replacement's membership status. Late substitutions will be processed on site after March 24, 2009.
- **Complimentary Registration for Primary Member:** A credit card will be requested to take advantage of the Complimentary Retail Registration which is contingent upon the member actually attending the PRSM2009! National Conference. If the member does not attend the conference, they will be charged the no-show discounted registration fee of \$200.00. Otherwise, a registration fee will **NOT BE CHARGED**. Any no-show fee will be charged to the credit card provided at the end of the conference.
- **Complimentary Fifth Retail Registration Program:** For every five paid retail attendees registered from the same company, PRSM will provide one complimentary registration. All attendees must attend PRSM2009! in order to qualify for this

Part V – MEMBERSHIP (OPTIONAL)

A) PROFESSIONAL CORPORATE MEMBER: Professional Corporate membership is open to retail companies employing retail facilities maintenance management and non-management, and to retail property firms including property owners, landlords, managers and developers.

Individuals employed by companies providing products or services of any kind whatsoever to retailers, except as landlord, property owner or property manager, are ineligible for Professional Corporate membership. It is open to more than one designee employed at the same company; provided, however, there shall be only one (1) voting member per company. The PRSM Association Board may, at its discretion, establish categories and a pricing structure within the Professional Corporate membership category. **Payment will be processed after the conference using the credit card supplied on this form.**

Please check your membership category from the following and provide complete information on reverse side of form:

- Category 1:** Individual Professional Corporate Membership..... **Dues \$300**
.....
Includes 1 voting member
- Category 2:** Professional Corporate Membership..... **Dues \$500**
Includes 1 voting member + 1-4 additional members (please include contact information at bottom)
- Category 3:** Professional Corporate Membership..... **Dues \$800**
Includes 1 voting member + 5-10 additional members (please include contact information at bottom)
- Category 4:** Professional Corporate Membership..... **Dues \$950**
Includes 1 voting member + 11 or more additional members (please include contact information at bottom)

Total Dues: \$ _____
*Enter this amount in Section III on the front of this form to calculate total fees due.

B) MEMBER CATEGORY: Professional Corporate Members must choose at least ONE and no more than 3. Please choose carefully because only the first 3 that you mark below will be listed.

Category 1: _____ Category 2: _____ Category 3: _____

- | | | |
|-----------------------|---------------------------------|---------------------------|
| (A) Big Box | (J) General Merchandise | (S) Office Retail Store |
| (B) Chain Drug Store | (K) Government Services | (T) Parent Company |
| (C) Computer Store | (L) Grocery Store | (U) Property Management |
| (D) Convenience Store | (M) Hardware Store | (V) Restaurant |
| (E) Department Store | (N) Health Food Store | (W) Specialty Store |
| (F) Developer | (O) Home Improvement | (X) Sports/Athletic Store |
| (G) Discount Store | (P) Lumber/Bldg Materials Store | (Y) Wholesale Store |
| (H) Entertainment | (Q) Military Commissary | (Z) Other _____ |
| (I) Gas Station | (R) Movie Theater | |

C) Please List Additional Members: (please attach an additional sheet if you have more than 3 additional members)

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____

First & Last Name _____ Title _____
Mailing Address (if different from primary member) _____
City _____ State _____ Zip _____
Phone () _____ Secondary Phone () _____
Fax () _____ Toll Free () _____
E-mail _____ @ _____ Web _____