



PRSM MID-YEAR CONFERENCE
OCTOBER 14-15, 2009
 Fairmont Hotel
 Dallas, TX

Please fill out this form completely and return to
 Wyndham Jade via fax or email.
 Fax: 972-349-7437
 Email: prsmmidyear@wyndhamjade.com
 Or, Register Online at www.prsm.com

RETAILER & NON-EXHIBITING VENDOR REGISTRATION & HOUSING FORM

ATTENDEE INFORMATION: Please enter all information as it should appear on your name badge			
Name	Suffix/Designation <input type="checkbox"/> RFMP <input type="checkbox"/> Other: _____	Member ID # (if applicable)	
Title	Company		
Address	City	State	Zip/Postal Code
Phone	Fax		
Email Address	Web Site		

REGISTRATION TYPE: Please select the appropriate box. Descriptions of each registration type appear on www.prsm.com.

Early Bird Registration (Available prior to September 15, 2009)	Standard Registration (Available after September 15, 2009)
Retailers PRSM Members (Free for retail members*) <input type="checkbox"/> Retail Member Full Conference: \$0 <input type="checkbox"/> Retail Member One Day – Wednesday: \$0 <input type="checkbox"/> Retail Member One Day – Thursday: \$0 Non-Members <input type="checkbox"/> Retail Non-Member Full Conference: \$75 <input type="checkbox"/> Retail Non-Member One Day Wednesday: \$50 <input type="checkbox"/> Retail Non-Member One Day Thursday: \$50 <i>*Complimentary registration is contingent upon your attendance at the 2009 PRSM Mid-Year Conference. If you do not attend the conference and do not cancel in writing by September 15, you will be charged a no-show fee of \$75. Any no-show fees will be charged after the conference.</i>	Retailers PRSM Members (Free for retail members*) <input type="checkbox"/> Retail Member Full Conference: \$0 <input type="checkbox"/> Retail Member One Day – Wednesday: \$0 <input type="checkbox"/> Retail Member One Day – Thursday: \$0 Non-Members <input type="checkbox"/> Retail Non-Member Full Conference: \$100 <input type="checkbox"/> Retail Non-Member One Day Wednesday: \$75 <input type="checkbox"/> Retail Non-Member One Day Thursday: \$75 <i>*Complimentary registration is contingent upon your attendance at the 2009 PRSM Mid-Year Conference. If you do not attend the conference and do not cancel in writing by September 15, you will be charged a no-show fee of \$75. Any no-show fees will be charged after the conference.</i>
Non-Exhibiting Vendors <input type="checkbox"/> Member Non-Exhibiting Vendor Full Conference: \$1,000 <input type="checkbox"/> Non-Member Non-Exhibiting Vendor Full Conference: \$1,500	Non-Exhibiting Vendors <input type="checkbox"/> Member Non-Exhibiting Vendor Full Conference: \$1,200 <input type="checkbox"/> Non-Member Non-Exhibiting Vendor Full Conference: \$2,000

SURVEY QUESTIONS: Please answer the following survey questions, applicable to your registration type.

Retailers	Non-Exhibiting Vendors
1. How did you hear about the Mid-Year Conference? <input type="checkbox"/> Direct Mail <input type="checkbox"/> Email <input type="checkbox"/> PRSM Website <input type="checkbox"/> Phone <input type="checkbox"/> Colleague <input type="checkbox"/> Other: _____ 2. Type of Store/Business <input type="checkbox"/> Big Box <input type="checkbox"/> Department <input type="checkbox"/> Discount <input type="checkbox"/> Electronics <input type="checkbox"/> Home/Domestics <input type="checkbox"/> Mass Merchant <input type="checkbox"/> Apparel <input type="checkbox"/> C-Store/Gas <input type="checkbox"/> Government <input type="checkbox"/> Movie Theater <input type="checkbox"/> Restaurant <input type="checkbox"/> Pharmacy <input type="checkbox"/> Grocer <input type="checkbox"/> Other 3. Number of Stores/Outlets <input type="checkbox"/> 1 <input type="checkbox"/> 2-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 1001-5000 <input type="checkbox"/> Over 5000 4. What is your Position? <input type="checkbox"/> VP <input type="checkbox"/> Nat'l. Dir. <input type="checkbox"/> Reg. Dir. <input type="checkbox"/> Div. Manager <input type="checkbox"/> Manager <input type="checkbox"/> Technical Coordinator <input type="checkbox"/> Energy Mgmt. <input type="checkbox"/> Other 5. Company Budget Size <input type="checkbox"/> Under \$1 Million <input type="checkbox"/> \$1-2 Million <input type="checkbox"/> \$2-5 Million <input type="checkbox"/> \$5-10 Million <input type="checkbox"/> \$10-20 Million <input type="checkbox"/> \$20-50 Million <input type="checkbox"/> Over \$50 Million 6. How would you prefer that PRSM contact you? <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone	1. Annual Sales Volume <input type="checkbox"/> Up to \$500,000 <input type="checkbox"/> \$500,000-5 Million <input type="checkbox"/> \$5-25 Million <input type="checkbox"/> \$25-100 Million <input type="checkbox"/> \$100-500 Million <input type="checkbox"/> Over \$500 Million 2. General Category of Products/Services (Select up to 3) <input type="checkbox"/> Maintenance Consultant <input type="checkbox"/> Complete Service Management <input type="checkbox"/> Doors <input type="checkbox"/> Electrical <input type="checkbox"/> Fire Protection <input type="checkbox"/> Flooring <input type="checkbox"/> Glass/Windows <input type="checkbox"/> HVAC <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaping <input type="checkbox"/> Lighting <input type="checkbox"/> Painting <input type="checkbox"/> Parking Lots <input type="checkbox"/> Pest Control <input type="checkbox"/> Plumbing <input type="checkbox"/> Restaurant Maintenance <input type="checkbox"/> Roofing <input type="checkbox"/> Signage <input type="checkbox"/> Security <input type="checkbox"/> Waste Mgmt. 3. Sales Region/Territory <input type="checkbox"/> National U.S. & Canada <input type="checkbox"/> National U.S. <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Midwest <input type="checkbox"/> Southwest <input type="checkbox"/> Northwest 4. Are you planning to exhibit at PRSM2010? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Would you like to receive additional information on PRSM Exhibit & Sponsorship Opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. How would you prefer that PRSM contact you? <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone

HOTEL RESERVATIONS: Registrants must register prior to making housing reservations.

Hotel Information: The Fairmont Hotel, Dallas, Texas Rates: \$159 + tax (single and double occupancy)* Guarantee: First night's room and tax is required to guarantee your reservation. The hotel will charge your credit card in the event of a no-show or failure to cancel. All reservations must be canceled 72 hours prior to scheduled arrival. <i>*Preferred rate available through September 15, 2009. Housing reservations will only be accepted for individuals who have registered for the conference. Please specify credit card information for your reservation.</i>	Reservation Information: Room Type (Select One): <input type="checkbox"/> Single (1 Person – 1 Bed) <input type="checkbox"/> Double (2 People – 1 Bed) <input type="checkbox"/> Double/Double (2 People – 2 Beds) Arrival Date: _____ Departure Date: _____ Special Requests: _____ Name of Person(s) sharing room: _____
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PAYMENT INFORMATION: Registration cannot be processed without a form of payment or credit card guarantee.

<input type="checkbox"/> Check (Make check payable to PRSM) Mail to: Professional Retail Store Maintenance Association PO Box 671247 Dallas, TX 75267-1247	<input type="checkbox"/> Credit Card (American Express, Visa, MasterCard) Please complete the attached credit card authorization form and submit with this registration.
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Cancellation Policy: All cancellations must be received in writing.
 - **Prior to September 15, 2009**, attendees will receive a full refund minus a \$25 cancellation processing fee.
 - **September 15-30, 2009**, attendees will receive a refund of 25% of their paid registration fee.
 - **After September 30, 2009**, a cancellation fee of 100% will apply.

Save Paper! Register online at www.prsm.com!
 Please complete all sections of this form. A confirmation will be sent to the individual indicated in "Attendee Information" within 72 hours of receipt of this form. For questions, please contact Wyndham Jade at 972-349-7884 or at prsmmidyear@wyndhamjade.com.



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CREDIT CARD PAYMENT AUTHORIZATION FORM

IN PAYMENT OF: _____ AMOUNT TO PAY: _____

Contact Name

Company Name

Mailing Address

City

State/Province

ZIP/Postal code

Office Telephone

Fax Number

Email Address

PAYMENT METHOD: Amex MasterCard VISA

**If paying by credit card, the following section must be filled out in its entirety
in order to process your request.**

1. _____
Credit Card Account Number

2. _____
Expiration Date

3. _____
Credit Card Billing Address

4. _____
City, State and ZIP code

X _____

Cardholder's Signature

_____ Date

Payment is not valid without signature, payment method checked and all four sections completed.

FOR FAXED PAYMENTS:

Please forward to:

Wyndham Jade – PRSM

Fax: 972-349-7437

Or, for more assistance, please contact us at:

Phone: 972-349-7884

Email: prsmmidyear@wyndhamjade.com

PRSM OFFICE USE ONLY

Processed Date: _____

Authorization Code: _____

Initials: _____