



GROUP REGISTRATION FORM

Groups of ten or more executives from the same company may register at reduced rates. Please use additional sheets if necessary.

Company Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ ZIP: _____

Name of group registration contact: _____ Phone: _____ Email: _____

Registrants:

1. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
2. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
3. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
4. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
5. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____

**RILA sends confirmations via email. We do not publish email addresses.*

| Group Registration Rates | before March 2, 2009 | March 2 to April 29, 2009 | After April 29 |
|---|----------------------|---------------------------|------------------|
| RILA Member Retailers/Product Manufacturers | \$495 per person | \$595 per person | \$695 per person |
| Non-Member Retailers/Product Manufacturers | \$695 per person | \$895 per person | \$995 per person |

Total number of executives: _____ x rate: \$ _____ = **Total:** \$ _____

Payment Information

Check enclosed AmEx Discover/Novus MasterCard Visa

Make checks payable to: Retail Industry Leaders Association **Fax:** 703-841-1184

Remit Payments to: P.O. Box 630545
 Baltimore, MD 21263-0545

Name on Card: _____ Signature*: _____

Card #: _____ Expiration Date: _____ Billing Zip Code: _____

*By signing this form I confirm that I have read and agree to RILA's cancellation policy.



GROUP REGISTRATION FORM – Page 2

Use this form if registering more than 5 people. Please review cancellation policy at the bottom of this form.

Company Name: _____

Additional Registrants:

6. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
7. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
8. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
9. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____
10. Name: _____ Informal Name for Badge: _____
 Title: _____ Attending Wicklander-Zulawski Session YES NO
 Phone: _____ Fax: _____ Email*: _____

**RILA sends confirmations via email. We do not publish email addresses.*

Group Registration Policy

If you are registering fewer than 10 total attendees, individual registration fees will be charged. If you register 10 or more executives, but cancel registrations at a later date so that you fall below 10, regular registration fees will apply.

| Individual Registration Rates | before March 2, 2009 | March 2 to April 29, 2009 | After April 29 |
|---|----------------------|---------------------------|-------------------|
| RILA Member Retailers/Product Manufacturers | \$695 per person | \$795 per person | \$895 per person |
| Non-Member Retailers/Product Manufacturers | \$995 per person | \$1095 per person | \$1195 per person |

Cancellation & Refund Policy

If a cancellation is requested by March 15, 2009, RILA will process a refund in the same manner that the registration payment was made, less a processing fee of 10% per registration. If a cancellation is requested between March 16, 2009 and April 15, 2009, RILA will process a refund in the same manner that the registration payment was made, less a processing fee of 50% per registration. Cancellation requests received after April 16, 2009 are non-refundable. Registered attendees may transfer their registrations to another individual from the same company at any time. All cancellation and transfer requests must be sent in writing.

Hotel Reservations

RILA has reserved a block of sleeping rooms at the Gaylord Palms Resort & Convention Center for participants. To make reservations, please call the hotel directly at 407-586-2000 and mention you are part of RILA's Loss Prevention, Auditing & Safety Conference to take advantage of our special group rate of \$179 single or double occupancy, plus a \$10 resort fee. The hotel cut-off date is April 11, 2009; however reserve your room as soon as possible, as rooms are on a first-come, space-available basis.

Questions? Contact Holly Weinhold at 703-600-2044 or Holly.Weinhold@rila.org