

**RETAIL DAY 2015 PAID REGISTRATION and/or SPONSORSHIP FORM**



**Please include EACH PAID Retail Day attendee on this form.**  
Information for multiple attendees should be listed on the second page of this form.

Unless purchasing extra seating or a sponsorship, Retailers of the Year,  
Alabama Retail Board members and Alabama Retail Comp trustees **DO NOT** complete this form.  
Alabama Retail's **complimentary** invited guests should **ONLY** register online at

[www.alabamaretail.org/retaildayregistration/](http://www.alabamaretail.org/retaildayregistration/) or contact Virgie Todd at (334) 551-0647 or [vtodd@alabamaretail.org](mailto:vtodd@alabamaretail.org).

YOUR NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 COMPANY/ORGANIZATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*If registering more than one person and you wish to pay for all attendees in one transaction, please list all of those for whom this registration covers on the next page.*

**11:30 AM - 1:30 PM Lunch Program with Bridgestone Retail Operations Chairman and President Stu Crum as keynote speaker**

**REGISTRATION TYPE**

**INDIVIDUAL REGISTRATION** (*Indicate Number of People You Wish to Register*) \_\_\_\_\_ @ \$ 50

**TABLE REGISTRATION** (*Indicate Number of Tables You Wish to Reserve. Each table seats 8.*) \_\_\_\_\_ @ \$ 350

**TABLE SPONSORSHIP TO PROVIDE SUPPORT FOR STUDENT PARTICIPATION** (*Indicate Number of Tables You Wish to Sponsor*)

*Table sponsorship provides you with 1 to 4 INDIVIDUAL tickets for YOUR use, while allowing 2 to 6 students to attend.*

- \_\_\_ Chancellor Sponsor (Includes **4 individual seats** for your use and pays for 6 students) **\$450**
- \_\_\_ President Sponsor (Includes **2 individual seats** for your use and pays for 4 students) **\$300**
- \_\_\_ Dean Sponsor (Includes **1 individual seats** for your use and pays for 2 students) **\$150**

**TOTAL AMOUNT FOR YOUR REGISTRATION (Indicate Total Amount Here)**    →    \$ \_\_\_\_\_

**PAY ONLINE AT:** <http://tinyurl.com/retailday>  
(Your email address is required to place an order online)

Or you may mail a check payable to **UAB COLLAT School of Business**

**CIRCLE METHOD OF PAYMENT:**     Check enclosed     Credit Card payment made to <http://tinyurl.com/retailday>  
 MasterCard     Visa    (*Only MasterCard or Visa accepted*)

*Return this information via one of the three (3) options listed below:*

**MAIL CHECKS AND COMPLETED FORMS TO:**  
 Retail Day 2015  
 Ms. Cassandra Walker  
 UAB Collat School of Business BEC 219  
 1150 10th Avenue South  
 Birmingham, AL 35205-4681

**IF PAYING ONLINE, SEND THIS FORM BY :**

**E-MAIL TO:** [walkerc@uab.edu](mailto:walkerc@uab.edu)

**FAX TO:** 205 934 0058

**QUESTIONS? TELEPHONE:** 205 934 8840

**Pre-registration is REQUIRED. Please register no later than Friday, September 25, 2015.**

## ADDITIONAL ATTENDEES INCLUDED WITH THIS REGISTRATION PAYMENT

PRIMARY REGISTRANT LISTED AS "YOUR NAME" ON PREVIOUS PAGE \_\_\_\_\_  
*Complete only the information below that differs from that of the primary registrant. Retail Day tables seat eight (8).*

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY/ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_