

# Natural Products Expo East makes every season a growing season for your business!

This form is good for one retailer, health practitioner, or broker entrance fee to Natural Products Expo East.

Join thousands of industry members at the largest trade show for natural, organic, and healthy products on the East Coast. With hundreds of exhibits, networking opportunities, and a strong education program, you can find the best at Natural Products Expo East in Boston September 23-26, 2009.



[expoeast.com](http://expoeast.com)  
September 23-26, 2009 Boston, MA  
Boston Convention & Exhibition Center



Education & Events: Wednesday-Saturday  
September 23-26, 2009 | Trade Show: Thursday-Saturday  
September 24-26, 2009

Natural Products Expo East  
PO Box 624  
Brookfield, IL USA  
60513-0624

PLACE  
STAMP  
HERE

MUST COMPLETE REGISTRATION FORM ON OPPOSITE SIDE

You are Cordially Invited, Compliments of

EXHIBITING COMPANY NAME

Use code "E9EXGUEST" or fax the form on the reverse side to take advantage of this special, free invitation for qualified retail buyers, health practitioners, brokers, and distributors.

[expoeast.com](http://expoeast.com)  
1.866.458.4935 or 1.303.390.1776  
[tradeshows@newhope.com](mailto:tradeshows@newhope.com)



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COMPLIMENTARY RETAILER/HEALTH PRACTITIONER REGISTRATION



# 2009 Attendee Registration Form



PROOF OF BUSINESS REQUIRED WITH FORM

Education: September 23-26, 2009 E9EXGUEST  
Trade Show: September 24-26, 2009  
Boston Convention and Exhibition Center • Boston, MA USA

## 1 Attendee Badge Information (Type or Print Clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_ Store/Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Website Address \_\_\_\_\_

Please check here if you have a disability that requires special assistance and we will contact you.

Cell Phone\* \_\_\_\_\_  
 \*By providing my cell number, I am giving Natural Products Expo East and its exhibitors/sponsors permission to contact me via call or text regarding registration, emergency situations, updates and promotional materials.

|  |  |  |
|--|--|--|
| <b>2 Business Type (Check ONLY ONE of the following business types)</b>  |  | <b>3a What is your primary job function? (Check only one)</b><br><input type="checkbox"/> President, VP, Corporate Executive, Owner, Partner, Principal (a)<br><input type="checkbox"/> Manager (Store, General, Department), Assistant Manager, Co-Owner, Supervisor, Director, Team Leader (b)<br><input type="checkbox"/> Buyer: Produce, Herb, Supplement/Vitamin (c)<br><input type="checkbox"/> Broker (d)<br><input type="checkbox"/> Marketing Director, Marketing Manager, Sales Manager, Sales Rep. (e)<br><br><b>3b Do you specify, recommend, authorize, purchase, or have influence in purchasing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Check all that apply)</i><br><input type="checkbox"/> Health & Beauty (a)<br><input type="checkbox"/> Ingredients (f)<br><input type="checkbox"/> Organics (g)<br><input type="checkbox"/> Pet Products (h)<br><input type="checkbox"/> Vegetarian (i)<br><input type="checkbox"/> Wine, Beer and Spirits (j)<br><input type="checkbox"/> Dietary Supplements/Nutraceuticals (k)<br><input type="checkbox"/> Natural Living (n)<br><input type="checkbox"/> Private Label/Contract Manufacturing (p)<br><input type="checkbox"/> Natural & Specialty Foods (t)<br><input type="checkbox"/> Eco-Products (x)<br><input type="checkbox"/> Healthy Ethnic Foods (y)<br><input type="checkbox"/> International Products (z) |
| <b>BUYERS</b>  | <input type="checkbox"/> <b>Retail Buyers (R)</b><br><input type="checkbox"/> Chain Natural Products Store (R111)<br><input type="checkbox"/> Independent/Co-op/Natural Product (R126)<br><input type="checkbox"/> Conventional Supermarket (R113)<br><input type="checkbox"/> Independent Grocer (R125)<br><input type="checkbox"/> Discount/Mass Merchandiser (R114)<br><input type="checkbox"/> Chain Drug Store/Pharmacy (R110)<br><input type="checkbox"/> Independent Drug Store/Pharmacy (R124)<br><input type="checkbox"/> Gourmet/Specialty Products (R117)<br><input type="checkbox"/> Natural Foods Restaurant/Food Service (R101)<br><input type="checkbox"/> Gift Product Store (R201)<br><input type="checkbox"/> Bookstore (R207)<br><input type="checkbox"/> E-tailer (R203)<br><input type="checkbox"/> Mail Order Catalog (R100)<br><input type="checkbox"/> Pet Supply Store/Grooming (R205)<br><input type="checkbox"/> Convenience Store (R218)<br><input type="checkbox"/> <b>Health Practitioner Buyer (P)</b><br><input type="checkbox"/> Health Club/Gym (P204)<br><input type="checkbox"/> Spas/Salons (P105)<br><input type="checkbox"/> Medical Professional (P67)<br><input type="checkbox"/> Alternative Health Clinic/Practitioner (P57)<br><input type="checkbox"/> <b>Distribution (D)</b><br><input type="checkbox"/> Third Party Distributor of Finished Product (D52)<br><input type="checkbox"/> Wholesaler of Finished Product (D136)<br><input type="checkbox"/> Importer/Exporter of Finished Product (D123)<br><input type="checkbox"/> Broker of Finished Product (D213) |  |
| <b>INDUSTRY MEMBERS</b>  | <input type="checkbox"/> <b>Manufacturing (M)</b><br><input type="checkbox"/> Food/Beverage (M115)<br><input type="checkbox"/> Vitamin/Mineral/Herb/Supplements (M133)<br><input type="checkbox"/> Other Manufacturer (M210)<br><input type="checkbox"/> Nutraceuticals (M129)<br><input type="checkbox"/> Personal Care (M131)<br><input type="checkbox"/> Natural Building Material (M216)<br><input type="checkbox"/> Home and Textile Manufacturer (M208)<br><input type="checkbox"/> <b>Supply (S)</b><br><input type="checkbox"/> Raw Ingredient Producer/Supplier (S217)<br><input type="checkbox"/> Farm/Grower (S206)<br><input type="checkbox"/> Ingredient Importer/Exporter (S128)<br><input type="checkbox"/> Equipment Supplier (S211)<br><input type="checkbox"/> <b>Business Services/Other (B)</b><br><input type="checkbox"/> Financial Institution (B14)<br><input type="checkbox"/> Not for Profit (B70)<br><input type="checkbox"/> Publisher (B142)<br><input type="checkbox"/> Association (B43)<br><input type="checkbox"/> Advertising/PR (B91)<br><input type="checkbox"/> Laboratory (B212)<br><input type="checkbox"/> Consultant (B48)<br><input type="checkbox"/> Investment Banking (B99)<br><input type="checkbox"/> School/University (B214)<br><input type="checkbox"/> Government Agency (B58)<br><input type="checkbox"/> Other Within Industry (B104)<br>(Specify: _____)   |  |
| <b>GUESTS FROM OUTSIDE THE INDUSTRY (G138)</b>   | <input type="checkbox"/> <b>FREE</b> on or before 8/21/09<br><input type="checkbox"/> <b>\$25</b> beginning 8/22/09<br><input type="checkbox"/> <b>\$55</b> beginning 9/12/09<br><input type="checkbox"/> <b>\$295</b> on or before 8/21/09<br><input type="checkbox"/> <b>\$350</b> beginning 8/22/09   |  |
| <b>4 Add-Ons</b>   |  |  |
| <b>Select A La Carte Tours/Benefits</b><br>Space is limited so register today! All tours are priced separately from the attendance package and are non-refundable. Onsite registration based on availability<br><b>For more information visit:</b><br><a href="http://www.expoeast.com">www.expoeast.com</a> | <input type="checkbox"/> Carbon Neutral Ground Transportation (CNG) _____<br><input type="checkbox"/> Carbon Neutral Air Travel (CNA) _____<br><input type="checkbox"/> Urban Farm Tour (TO1), Wednesday Sept. 23 10:30 am-3:30 pm _____<br><input type="checkbox"/> Retail Store Tour (TO2), Wednesday Sept. 23 11:00 am-4:00 pm _____<br><input type="checkbox"/> Retailer Workshop (TO5), Wednesday Sept. 23 9:00 am-5:30 pm _____<br><input type="checkbox"/> A New England Dinner to Benefit Farm Aid (TO3), Wednesday Sept. 23, 7:30 pm-10:00 pm _____   | <input type="checkbox"/> \$5 x ___ = \$ _____<br><input type="checkbox"/> \$24 x ___ = \$ _____<br><input type="checkbox"/> \$65 x ___ = \$ _____<br><input type="checkbox"/> \$65 x ___ = \$ _____<br><input type="checkbox"/> \$95 x ___ = \$ _____<br><input type="checkbox"/> \$125 x ___ = \$ _____   |
| <b>5 TOTAL DUE (Add totals from sections 2 and 4)</b>  |  |  |

## Payment

Enclosed is Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ payable to Natural Products Expo. (Please write registrant's name and company name on the check).

Charge \$ \_\_\_\_\_ to the following credit card:  Am Ex  Visa  MasterCard

Cardholder Name (Name on card) \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_

Is this your first time attending Natural Products Expo East?

Yes  No

Do you wish to receive or continue receiving **Natural Foods Merchandiser**?

Yes  No Which format do you prefer?  Digital  Print

Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive **Natural Foods Merchandiser/Expo** e-newsletter?

Yes  No

Would you like to receive **NPI Daily** e-newsletter?  Yes  No

**THERE WILL BE NO REFUNDS FOR CANCELLATIONS OR NO-SHOWS.**

Produced by New Hope Natural Media, a division of Penton Media, Inc.

To register for Natural Products Expo East online, go to [www.expoeast.com](http://www.expoeast.com)  
 Please fax completed form and photocopy of business proof to: 708.344.4444 or mail check, completed form and business proof to:  
 Natural Products Expo East 2009, P.O. Box 624, Brookfield, IL 60513-0624, Customer Service Toll Free: 1.866.458.4935 or 1.303.390.1776