



# Attendee Registration

Business Name:

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First & Last Name:

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Title:

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Business Address:

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City/State/Zip:

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Business Phone:

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Business Fax:

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Contact Email:

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Payment Method:            Check            Credit Card    (circle one)  
(checks made payable to Retailers Association of Massachusetts)

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Credit Card Number:

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Expiration Date:

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Cardholder Name:

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Amount:

\$50 for retail attendees

\$20 for law enforcement or students



Send completed registration form to:  
Retailers Association of Massachusetts  
18 Tremont St., Suite 810  
Boston, MA 02108  
P: 617.523.1900  
F: 617.523.4321  
Email: [ashea@retailersma.org](mailto:ashea@retailersma.org)