

ALL CANCELLATIONS ARE SUBJECT TO \$100 FEE -- NO CANCELLATIONS/REFUNDS AFTER 03/01/24

April 29-May 1, 2024

RETAILER

SPONSORED/NEW RETAILER:

LOYALTY RETAILER

Sponsored by _____ (2019 Attendee)

First Name: _____ Last Name: _____ Title: _____

Company: _____

Address: _____ City/State/Zip: _____

Email: _____ Website: _____

Phone: _____ Fax: _____

Please complete the following: (Check all that apply)

| LOCATION | STORE/PRODUCT | PRODUCT TYPE: | RETAIL PRICE POINT |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Strip Center | <input type="checkbox"/> Men's | <input type="checkbox"/> Comfort | <input type="checkbox"/> Low to moderate (up to \$50) |
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Women's | <input type="checkbox"/> Fashion | <input type="checkbox"/> Moderate (\$50 - \$150) |
| <input type="checkbox"/> Indoor Mall | <input type="checkbox"/> Children's | <input type="checkbox"/> Work | <input type="checkbox"/> Moderate to High (\$150-\$300) |
| <input type="checkbox"/> Lifestyle Ctr | <input type="checkbox"/> Family | <input type="checkbox"/> Athletic | <input type="checkbox"/> Over \$300 |
| <input type="checkbox"/> Online | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Orthopedic/Medical | Year Founded _____ |
| | <input type="checkbox"/> Specialty | <input type="checkbox"/> Socks | Number of locations _____ |

ATTENDEE #1

| ROOMING INFO | DAY ONE | DAY TWO | DAY THREE |
|--|---|---|---|
| <input type="checkbox"/> SINGLE OCCUPANCY | <input type="checkbox"/> GOLF | SESSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO | SESSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> DOUBLE OCCUPANCY | <input type="checkbox"/> MORNING SEMINAR | | |
| <input type="checkbox"/> KING BED <input type="checkbox"/> 2 DOUBLE BEDS | <input type="checkbox"/> NEITHER | | |
| ARRIVAL DATE: | RENT CLUBS | BREAKFAST | BREAKFAST |
| DEPARTURE DATE: | <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> *FRIDAY 04/26 ARRIVAL | CLUBS NEEDED | LUNCH | |
| <input type="checkbox"/> *SATURDAY 04/27 ARRIVAL | <input type="checkbox"/> N/A <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dietary Restrictions: |
| <input type="checkbox"/> * SUNDAY 04/28 ARRIVAL | SESSIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO | DINNER | |
| <input type="checkbox"/> * THURS. 5/02 DEPARTURE | DINNER: <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

*Additional \$200 per night applies

ATTENDEE #2 – same room

| NAME: _____ | DAY ONE | DAY TWO | DAY THREE |
|---|---|---|---|
| <input type="checkbox"/> CO-WORKER | <input type="checkbox"/> GOLF <input type="checkbox"/> MORNING SEMINAR <input type="checkbox"/> NEITHER | SESSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO | SESSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Title _____ | | | |
| <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> FRIEND | | | |
| EMAIL: | RENT CLUBS | BREAKFAST | BREAKFAST |
| PHONE: | <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF DIFFERENT THAN ABOVE: | CLUBS NEEDED | LUNCH | |
| ADDRESS | <input type="checkbox"/> N/A <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dietary Restrictions: |
| CITY/STATE | SESSIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO | DINNER | |
| ZIP | DINNER: <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

BE SURE TO INCLUDE ALL ATTENDEES. Only registered guests will be given wristbands. Security will check for wristbands to gain entrance into the Event.



USRA May Event RETAILER Application Payment Form



April 29-May 1, 2024 Apply online at www.usraonline.org

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COMPANY NAME _____

\$395 RETAIL PACKAGE (1 ROOM 04/29-05/01/2024 single or double: Retailers only)

\$295 LOYALTY RETAIL PACKAGE (1 ROOM 04/29-05/01/2024 single or double: 2019 Retailers only)

\$100 TRIPLE OCCUPANCY

\$0 SPONSORED RETAIL PACKAGE (1 ROOM 04/29-05/01/2024 single or double: Retailers only)

SPONSORED BY _____

_____ # OF ADDITIONAL NIGHTS \$200 PER NIGHT

_____ # OF ADDITIONAL NIGHTS \$0 PER NIGHT (SPONSOR TO PAY / sponsor approval required)

\$ _____ **Total Enclosed**

Check Enclosed (payable to USRA)

American Express MasterCard VISA

Name on Card: _____

Card Number: _____

Exp. Date _____ Sec. Code: _____

On Visa, MasterCard and Discover the security code is the three digits to the right of the credit card number in the signature area on back of the card. On American Express, the security is four digits printed (not embossed) on the right front of the card above the credit card number.

Signature _____

Billing Address: Same as above See Below

ADDRESS: _____ City/State/Zip _____

Send Payment to:
Email to: Linda@USRAonline.org
Mail to:
USRA May Event
23890 Copperhill Dr Suite 444
Valencia, CA. 91354
ALL FEES MUST BE PAID IN ADVANCE OF THE EVENT