

To Register: DMA Registration
1120 Avenue of the Americas
New York, NY 10036

Fax: 212.302.7643
Email: ncof@the-dma.org
For questions call: 212.790.1500

First Name _____ Last Name _____
 Title _____ Company _____
 Address _____
 City _____ State/Province _____
 Postal Code _____ Country _____
 Phone _____ Fax _____
 Email _____

Conference Packages (regardless of status)	Early Bird (Save up to \$300) January 29- April 3, 2011	Onsite April 4 -6, 2011
Full Conference Program with Pre-Conference Intensives (April 4 – 6)	\$1199	\$1499
Regular Conference (April 5 – 6)	\$899	\$1199
One Day Conference Pass (Monday, April 4)	\$549	\$699
One Day Conference Pass (Tuesday, April 5)	\$549	\$699
One Day Conference Pass (Wednesday, April 6)	\$549	\$699
Exhibit Hall Only (April 5 - 6)	FREE	\$ 100

Total Conference Registration Fee \$ _____

Cancellation Policy

If NCOF cancels the event for which you have registered, the registration fee paid will be held on account for a future event or fully refunded if you prefer. NCOF is not responsible for any expenses incurred by you as a result of your registration, whether the event was attended, postponed, or cancelled. If you must cancel for any reason, please notify registration in writing by March 4, 2011, to receive a refund minus \$150 processing fee. Refunds will not be granted on cancellations received after 5:00 P.M. on March 4, 2011. You may transfer your registration to another person at anytime. No refunds will be issued for any missed sessions or events, including sessions missed due to travel delays or cancellations.

CHOICE OF PAYMENT:

(Registration fees will be charged to your credit card upon receipt of your registration form.)

American Express MasterCard Visa Discover Card
 Bank Transfer (Please attach copy) Check # _____
 (Payable to DMA)

Credit Card Number _____

Expiration Date _____

Name of Cardholder (as it appears on card) _____

Company Name (as it appears on card) _____

Cardholder's Signature _____

DEMOGRAPHIC INFORMATION

1. What is your primary business activity? (choose one)
 Cataloger
 E-Commerce
 Financial Services
 Food Services
 Retailer
 Manufacturer Selling Direct
 Travel & Hospitality
 Other (Please specify) _____

2. Please indicate your Title: (choose one)
 President (Owner, Partner, CEO)
 C-level Executive (COO, CTO, CFO)
 Vice President
 Director
 Manager/Supervisor
 Other (Please specify) _____

3. Which one of the following best describes your Job Function? (choose one)
 Contact/Call Center Management
 Online/E-Commerce Management
 Overall Operations Management
 Transportation/Logistics Management
 Executive/Financial Management
 Customer Service Management
 Distribution Center Management
 Fulfillment Management
 Inventory Management
 IT Management
 Marketing Management
 Warehouse Management
 Other (Please specify) _____

4. How Many Years have you been involved in direct-commerce? (choose one)
 Less than a year
 1 – 5 years
 6 – 10 years
 Over 10 years

5. Please complete the following statement: "I think of my company as a _____"
 Small Operation
 Medium Operation
 Large Operation

6 How many people are employed full-time at your firm? (choose one)
 Less Than 50
 51 – 100
 101 – 250
 251 – 500
 500 +

7. Do you recommend/approve/influence the purchase of any of the following? (check all that apply)
 Bar-coding Equipment/Systems
 Call Center Services/Equipment/Systems
 Customer Service/Support
 Delivery Services
 Facility/Site Planning/Site Selection
 Fulfillment Services/3rd Party Logistics-Merchandise
 Material Handling Systems/Equipment
 Order Management Software
 Packaging Materials & Systems
 Returns Processing
 Payment Processing
 Warehouse/Distribution

8. What is your company's primary business? (choose one)
 Food/Beverage
 Apparel/Textiles
 Chemicals/Pharmaceuticals
 Computers/Electronics
 Furniture
 Paper/Printing
 Plastics/Rubber
 Wholesale Trade
 Retail Trade
 3rd Party Logistics Provider
 Transportation/Warehousing Services
 Business/Consulting Services
 Other (Please specify) _____

9. Is this your first time attending NCOF?
 Yes No

Check here if you have any special requests (which need to meet the Americans with Disabilities Act, dietary requirement, or otherwise). We will contact you.
 Please do not include my name in Conference collateral.