



SHOW REGISTRATION

STORE NAME.....

MAILING ADDRESS.....

CITY..... STATE..... ZIP.....

TEL..... FAX.....

E-MAIL.....

BUYER(S).....

Type of registration you prefer? Buyer Manufacturer Manufacturer's Rep Press

Check this box if this is your first time attending this show

What is your primary business?

- | | | |
|-------------------------------|---------------------------------------|--------------------|
| ◇ Antique/Vintage | ◇ Gallery/Craft/Handcrafted Re-tailer | ◇ Museum Gift Shop |
| ◇ Apparel/Fashion Accessories | ◇ Garden Center | ◇ Online Retailer |
| ◇ Beauty/Personal Accessories | ◇ General Gift | ◇ Pet Store |
| ◇ Bookseller | ◇ General Merchandise | ◇ Resort/Souvenir |
| ◇ Card/Stationery Retail | ◇ Grocery/Gourmet Food | ◇ Smoke Shop |
| ◇ Catalog/Mail Order | ◇ Hardware Store | ◇ Spa |
| ◇ Christmas/Seasonal | ◇ Home Furnishing/Accessories | ◇ Specialty Store |
| ◇ Convenience | ◇ Hospital Gift Shop | ◇ Warehouse Store |
| ◇ Drug Store/Pharmacy | ◇ Interior Designer | ◇ Winery |
| ◇ E-tailer | ◇ Jewelry Retailer | ◇ Zoo / Aquarium |
| ◇ Event Planner | ◇ Lifestyle Retailer | |
| ◇ Florist | | |

Number of locations?

- ◇ No Store Front
- ◇ 1 Store
- ◇ 2-5 Stores
- ◇ 6-10 Stores
- ◇ 11-25 Stores
- ◇ More than 25 locations

Annual Sales Volume

- ◇ Under \$500k
- ◇ \$500K– \$1M
- ◇ \$1M—\$10M
- ◇ \$10M—\$25M
- ◇ Over \$25M
- ◇ I prefer not to answer

Job Title

- ◇ Assistant Buyer
- ◇ Buyer
- ◇ General Merchandise Manager
- ◇ Owner/Principal
- ◇ Other

How did you hear about the show?

- | | | |
|-----------------|--------------------------|-------------|
| ◇ Email | ◇ Exhibitor | ◇ Show team |
| ◇ Mail | ◇ Online or Social Media | |
| ◇ Advertisement | ◇ Colleague | |