

SHOW REGISTRATION



Store Name: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Area Code & Phone Number: _____

Website Address: www. _____

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

What is your primary business?

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

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?

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Online or Social Media |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Exhibitor | <input type="checkbox"/> Colleague |



Please indicate the products and services you are looking to buy at this edition of the Philadelphia Gift

- | | | |
|--|--|------------------------------|
| ◇ American Indian Merchandise | ◇ Environmentally Friendly/
Natural/Recycled Products | ◇ Licensed Products |
| ◇ Americana | ◇ Fashion Accessories | ◇ Made in USA |
| ◇ Apparel/Clothing | ◇ Footwear & Accessories | ◇ Nautical Gifts |
| ◇ Beach Merchandise | ◇ Games/Puzzles/Toys | ◇ Outdoor Living/Garden |
| ◇ Books/Publications/Periodicals/
Media (includes CDs & DVDs) | ◇ Gift Wrap & Accessories | ◇ Personal Care |
| ◇ Candy/Fudge/Confections | ◇ Gourmet: Food, Beverages &
Wine | ◇ Plush |
| ◇ Children's/Baby Items | ◇ Handmade/Craft | ◇ Retail Services & Supplies |
| ◇ Custom Design/Private Label | ◇ Holiday/Seasonal | ◇ Souvenirs/Novelty/Trend |
| ◇ Decorative Accessories | ◇ Home Furnishings | ◇ Stationery |
| ◇ Design,Decor,Furnishings | ◇ Jewelry | ◇ Swimwear |

Type of registration you prefer?

- ◇ **Buyer** ◇ **Manufacturer** ◇ **Manufacturer's Rep** ◇ **Press**

PLEASE REGISTER THE FOLLOWING BUYERS LISTED BELOW. Please provide a unique email address for each registered attendee.

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____

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FIRST NAME: _____ LAST NAME: _____ EMAIL: _____