

PHILADELPHIA GIFT SHOW REGISTRATION | JULY 21-24, 2019

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?

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

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

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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