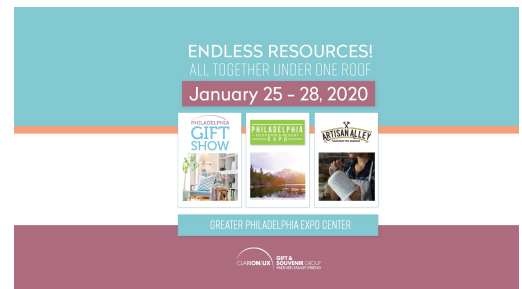


SHOW REGISTRATION



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 |

Continued on next page



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

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

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____

FIRST NAME: _____ LAST NAME: _____ EMAIL: _____