



August 9–11, 2010 Attendee Registration

Complete all sections of this form. You must also submit two business credential documents that confirm your affiliation with the industry. Fax this form and two business credential documents to 708.344.4444. Please submit your credentials by July 19, 2010 to receive your badge prior to the show.

All questions must be answered in order to process your application.

If you have a Priority Code, please enter here.

CONTACT INFORMATION

Mr. Ms. Mrs. Dr. Name _____ Job Title _____

Company Name _____

Company Address (Street address, PO Box, etc.) _____

Suite Number, Floor, etc. _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Direct Phone _____

Direct Fax _____ Email _____

What is your job title? (Check only one)

- Owner
- General Manager
- Vice President
- President
- Merchandiser
- Corporate Executive
- Purchasing Manager / Director
- Sourcing
- Sales/ Marketing Manager / Director
- Advertising / Display Manager / Director
- Manufacturing / Production Manager
- Designer / Design Services
- Product Developer
- Other—Please Specify _____

What products/services does your firm Sell/Resell? (Check only one)

- Textiles
- Trim
- Leather
- Consulting
- Technology Solutions
- Store Equipment / Supplies / Fixtures
- Inventory Systems
- Contract Manufacturing
- Finished Footwear / Accessories
- Other- Please Specify _____
- Does Not Apply

Which category most closely describes your business? (Check only one)

- Importer / Exporter of Finished Goods - \$ 0
- Distributor of Finished Goods - \$ 0
- Wholesaler of Finished Goods - \$ 0
- Component Supplies - \$295
- Service Provider - \$ 295
- Jobber / Reseller - \$295
- Retail Services & Technology - \$ 295
- Design Services - \$ 295
- Advertising Sales - \$295
- Freight Forwarding / Shipping - \$295
- Financial Analyst - \$295
- Trade Promotion Organization / Government Agency - \$ 0
- Manufacturer of Finished Goods - \$ 1,500
- Other— Please Specify _____

Note: Credentials will be required to confirm selection above.

Payment Information: (check one)

- VISA MasterCard American Express Discover Check (The WSA Show)

Card No.	V Code on the back of card (visa & mc only)
Name as it appears on the card	
Signature	
Expiration Date	Amount

Show Management reserves the right to deny eligibility or access to WSA for any company or individual.

Submit this application online at www.wsashow.com or Fax form to **1.708.344.4444**

Mail to: WSA, C/O CSI, P.O. Box 581 Brookfield, Illinois 60513-0581

Once your application and business credentials have been processed and approved, a fax or e-mail confirmation will be sent to you. Until you have received your confirmation, you are NOT considered registered for WSA.

For further assistance, please email registration@wsashow.com or contact our call center at +1.708.486.0743

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