



August 9–11, 2010 Retail Buyer 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.

PLEASE ENTER DIRECTLY INTO PDF FORM USING ADOBE READER. 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 _____

How did you hear about WSA? (Select One Only)

- Email Direct Mail Postcard Advertisement Attended Previous Event
 From friend/co-worker Browsing/Searching Web Fax Brochure

Profile (All questions must be answered in order to process your registration.)

<p>1. What is your primary business type? (Select One Only)</p> <p>a. <input type="checkbox"/> Mass Merchandiser h. <input type="checkbox"/> General Sporting Goods Store b. <input type="checkbox"/> Department Store i. <input type="checkbox"/> Mail Order/Catalog c. <input type="checkbox"/> Discourter j. <input type="checkbox"/> Online Retailer d. <input type="checkbox"/> Specialty Chain Footwear Store k. <input type="checkbox"/> Company/Factory Outlet e. <input type="checkbox"/> Specialty/Independent Footwear Store l. <input type="checkbox"/> Buying Office f. <input type="checkbox"/> Specialty Athletic Footwear Store m. <input type="checkbox"/> Other—Please Specify g. <input type="checkbox"/> Boutique (primary apparel with footwear) _____</p>	<p>2. How many retail store locations does your company have?</p> <p>a. <input type="checkbox"/> 0 b. <input type="checkbox"/> 1 c. <input type="checkbox"/> 2–25 d. <input type="checkbox"/> 26–100 e. <input type="checkbox"/> 101–500 f. <input type="checkbox"/> 501–1,000 g. <input type="checkbox"/> Greater Than 1,000</p>	<p>3. What is your job title? (Select One Only)</p> <p>a. <input type="checkbox"/> Buyer i. <input type="checkbox"/> Merchandiser b. <input type="checkbox"/> Owner j. <input type="checkbox"/> Corporate Executive c. <input type="checkbox"/> General Manager k. <input type="checkbox"/> Purchasing Manager/Director d. <input type="checkbox"/> General Merchandise Manager l. <input type="checkbox"/> Sourcing Manager/Director e. <input type="checkbox"/> Divisional Merchandise Manager m. <input type="checkbox"/> Sales/Marketing Manager/Director f. <input type="checkbox"/> Store Manager n. <input type="checkbox"/> Advertising/Display Manager/Director g. <input type="checkbox"/> Vice President o. <input type="checkbox"/> Other—Please Specify h. <input type="checkbox"/> President _____</p>																																																																												
<p>4. What is your company's average unit retail (in U.S. \$) in the following categories?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Do Not Sell</th> <th>Less Than \$30</th> <th>\$30–60</th> <th>\$61–\$100</th> <th>\$101–\$200</th> <th>Greater Than \$200</th> </tr> </thead> <tbody> <tr> <td>Footwear</td> <td>1a <input type="checkbox"/></td> <td>1b <input type="checkbox"/></td> <td>1c <input type="checkbox"/></td> <td>1d <input type="checkbox"/></td> <td>1e <input type="checkbox"/></td> <td>1f <input type="checkbox"/></td> </tr> <tr> <td>Handbags</td> <td>2a <input type="checkbox"/></td> <td>2b <input type="checkbox"/></td> <td>2c <input type="checkbox"/></td> <td>2d <input type="checkbox"/></td> <td>2e <input type="checkbox"/></td> <td>2f <input type="checkbox"/></td> </tr> <tr> <td>Accessories (incl. 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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.