



REGISTRATION

February 4-7, 2019

Store Name: _____

Mailing Address: _____

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

Country: _____ Area Code & Phone Number: _____

Website Address: www. _____

What is your primary business?

- Boutique Buying office Mass Merchant Online Retailer Department Store
- Specialty Chain Catalog Retailer Other Retailer Discount/Off-Price/Outlet Other Non Retailer

Is this your first time attending WWIN?

- Yes No

Job function:

- Owner/Principal Buyer Associate Buyer DMM/GMM Merchandiser Designer
- Editorial/Publisher Writer/Blogger/Reporter Other _____

Number of Locations:

- 1 2 3-5 locations 6-10 locations 11 or more locations No store front

Number of Employees:

- 1-5 Employees 6-10 Employees 11-20 Employees 21-30 Employees Over 30 Employees

Annual Sales Volume:

- Under \$500,000 \$500,000- \$1M \$1M-\$10M \$10M-\$25M Over \$25M Decline to answer

How did you hear about the show?

- Email Advertisement Online or Social Media Womenswear In Nevada Show Team Mail Exhibitor Colleague
- Womenswear In Nevada Show Team response

Select the type of registration you prefer by selecting the title below.

- Buyer Manufacturer Manufacturer's Representative 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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