

# METROPOLITAN NEW YORK SHOE MARKET

## SHOW REGISTRATION FORM

PLEASE PRINT

STORE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(IMPORTANT)

BUYER NAMES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Type of Store: (please check)

Family \_\_\_\_\_ Men's \_\_\_\_\_ Women's \_\_\_\_\_ Children's \_\_\_\_\_

Department \_\_\_\_\_ Cancellation \_\_\_\_\_ Other \_\_\_\_\_