

Please complete and fax to (905) 856-2667 or 1-877-895-7023

*** One registrant per form only. Please copy additional forms as necessary. ***

2010 Western Imprint Canada Show

Friday October 15, 2010 -- 10 a.m. - 5 p.m.
Saturday October 16, 2010 -- 10 a.m. - 4 p.m.

GENERAL INFORMATION: (all fields must be completed in full.)

By registering to attend the Imprint Canada Shows, you agree to the Rules & Regulations as set out by the Shows Advisory Board. You agree to abide by the Show Code of Conduct. You understand that this Event is open to the trade only and agree not to bring your clients nor anyone else not in our industry to this Event. By providing your information on this form, you consent to receive e-mail, fax, written and other communications from the Imprint Canada Show and its partners. Photography and/or video recording of any kind is strictly prohibited without prior written consent of the Imprint Canada Shows. Please note we cannot confirm receipt of fax/mail registrations until after September 10. For instant confirmation, please register on-line at www.ImprintCanada.com. Only one registrant per form will be processed. Please copy this form as necessary for additional registrants. **Badges will be mailed only to those registrations received by August 27, 2010.**

FIRST NAME: (One registrant per form. Registrant must be at least 16 years old.)				LAST NAME: (Full name must be provided. Incomplete registrations will be discarded.)			
BUSINESS NAME: (Registrant must belong to an industry-related registered business. Proof of business registration may be required.)							
BUSINESS ADDRESS:							
CITY:				PROVINCE/STATE: (If outside Canada or the United States, please provide Country.)			
POSTAL/ZIP CODE:		PHONE:		EXTENSION:		FAX:	
E-MAIL ADDRESS:							

REGISTRANT PROFILE: (all fields must be completed.)

1. PRIMARY & SECONDARY TYPE OF BUSINESS:

- | | | |
|----------------------------|----------------------------|--|
| <input type="checkbox"/> P | <input type="checkbox"/> S | <input type="checkbox"/> A. PROMOTIONAL/AD SPECIALTY PRODUCTS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> B. PREMIUMS & INCENTIVES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> C. EMBROIDERY/MONOGRAMMING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> D. DIGITIZER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> E. HOME SEWER/EMBROIDERER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> F. SCREEN PRINTING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> G. DIGITAL DECORATOR (TRANSFERS, SUBLIMATION, ETC.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> H. COMMERCIAL PRINTING |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> I. DIGITAL PRINTER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> J. SPORTING GOODS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> K. RETAILER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> L. WHOLESALE/DISTRIBUTOR |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> M. MANUFACTURER |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> N. OTHER: _____ |

2. SHOW/PRODUCT INTERESTS: (Check all that apply)

- A. PURCHASING IMPRINTABLE APPAREL
- B. PURCHASING AD SPECIALTY/PROMOTIONAL HARDGOODS
- C. PURCHASING EMBROIDERY EQUIPMENT
- D. PURCHASING EMBROIDERY SUPPLIES
- E. PURCHASING SCREEN PRINTING EQUIPMENT
- F. PURCHASING SCREEN PRINTING SUPPLIES
- G. PURCHASING DIGITAL PRINTING EQUIPMENT
- H. PURCHASING DIGITAL PRINTING SUPPLIES
- I. PURCHASING OTHER EQUIPMENT AND/OR SUPPLIES
- J. MEET/VISIT SUPPLIERS FACE-TO-FACE
- K. ATTEND SEMINARS
- L. SEE NEW PRODUCT LINES FOR POTENTIAL FUTURE PURCHASE
- M. OTHER: _____

3. JOB TITLE:

- | | |
|--|--|
| <input type="checkbox"/> A. OWNER/PART OWNER | <input type="checkbox"/> B. PRESIDENT |
| <input type="checkbox"/> C. PURCHASING/BUYER | <input type="checkbox"/> D. SALES |
| <input type="checkbox"/> E. MANAGER | <input type="checkbox"/> F. PRINTER/TECHNICIAN |
| <input type="checkbox"/> G. OTHER: _____ | |

4. WHAT IS YOUR PURCHASE ROLE WITHIN YOUR COMPANY?

- | | |
|--|--|
| <input type="checkbox"/> A. AUTHORIZE/APPROVE | <input type="checkbox"/> B. EVALUATE/RECOMMEND |
| <input type="checkbox"/> C. IDENTIFY/SPECIFY NEEDS | <input type="checkbox"/> D. NO PURCHASING ROLE |
| <input type="checkbox"/> E. OTHER: _____ | |

5. ANNUAL SALES VOLUME:

- | | |
|---|---|
| <input type="checkbox"/> A. UNDER \$100,000 | <input type="checkbox"/> B. \$100,001 - \$250,000 |
| <input type="checkbox"/> C. \$250,001 - \$500,000 | <input type="checkbox"/> D. \$500,001 - \$999,999 |
| <input type="checkbox"/> D. \$1 MILLION - \$5 MILLION | <input type="checkbox"/> E. OVER \$5 MILLION |
| <input type="checkbox"/> F. UNKNOWN | |

6. ARE YOU A MEMBER OF ANY INDUSTRY ASSOCIATIONS?

- A. YES: WHICH? _____ B. NO

7. HOW MANY EMBROIDERY HEADS DOES YOUR COMPANY UTILIZE?

- | | |
|---|--|
| <input type="checkbox"/> A. 1 HEAD | <input type="checkbox"/> B. 2-5 HEADS |
| <input type="checkbox"/> C. 6-12 HEADS | <input type="checkbox"/> D. 12 OR MORE HEADS |
| <input type="checkbox"/> E. WE DO NOT EMBROIDER | |

8. HAVE YOU ATTENDED A PAST IMPRINT CANADA SHOW?

- A. YES B. NO C. CAN'T RECALL

Register by August 27, 2010 to receive your badge in advance!