



FASHION FOOTWEAR ASSOCIATION OF NEW YORK

FFANY 2012 Group Membership Dues \$1500

January 1, 2012 – December 31, 2012

Membership dues to be submitted at time of show application.

Thank you for your interest in the Fashion Footwear Association of New York (FFANY). We organize four international trade shows a year. The upcoming New York Shoe Expo is June 6-8, 2012. This show venue will be located at The Hilton New York Hotel (54th Street and 6th Avenue) in New York City. Enclosed is an application and price list for Exhibit Rooms. FFANY Membership is mandatory for all exhibitors and is valid for the entire company per calendar year. FFANY membership entitles you to enjoy all the privileges, opportunities, and benefits of the items mentioned below.

- Access to extensive retailer lists and maintained key account lists. Excel Format
- Be featured on the FFANY website called "FFANY Spotlight". This section showcases a FFANY member company and their product.
- Special discounted rates for sleeping rooms at various hotels located in New York City. Please visit our web site www.ffany.org for information or contact our travel desk toll free @ 877.852.6758
- Airline and Travel Discounts provided by ONPEAK. Toll-free 877.852.6758 or via email ffany@onpeakevents.com
- Over \$300,000 of advertising is placed promoting the New York Shoe Expo in footwear trade publications. When exhibiting, your company will be included in publications such as Footwear News, Footwear Plus, Footwear Intelligence and Moda Pelle.
- The opportunity to participate in charity events FFANY sponsors, such as QVC Presents "FFANY Shoes On Sale" (an event for Breast Cancer Research & Education), Two Ten Footwear Foundation and Shoes that Fit.
- FFANY Newsletters and/or brochures.
- Opportunity to participate to list in FFANY directories four times a year.
- Invitations for our special events such as cocktail parties, fashion shows and dinners will be automatically sent to you.

FFANY Application For Group Membership

We agree to the goals of the Fashion Footwear Association of New York in working to benefit the Fashion Footwear Industry. We also agree to support FFANY Fashion Market Weeks in New York City. The following information requested will be used in the FFANY database. Please type or print clearly and return promptly! Thank you for your time and effort.

Membership dues to be submitted at time of show application.

CORPORATE INFORMATION

Corporate Name _____

Corporate Address _____

Corporate Country _____

Corporate Phone _____

Corporate Fax _____

email address(s) _____

website address(s) _____

Corporate Contact _____

COMPANY BRANDS (PLEASE INDICATE MEN'S, WOMEN'S, CHILDREN'S OR ACCESSORIES) (Please include website if applicable)

_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA
_____	<input type="checkbox"/> MWCA	_____	<input type="checkbox"/> MWCA

EXECUTIVE NAMES

PHONE

EMAIL

Chairman _____

President / CEO _____

CFO _____

V.P. of Sales _____

Director of Marketing _____

Sales Representative _____

NEW YORK SHOWROOM INFORMATION

Showroom Address _____

Showroom City, State, Zip _____

Showroom Phone _____

Showroom Fax _____

Showroom Contact / Title _____

Showroom email _____

TRADE SHOW INFORMATION

Trade Show Contact _____

Trade Show Title _____

Address _____

(if different than corporate) _____

Country _____

Phone _____

Fax _____

Email _____

FFANY CREDIT CARD AUTHORIZATION FORM

Please fill out the appropriate information and return with corresponding application to FFANY
FFANY Mailing address: 274 Madison Avenue, Suite 1701, New York, NY 10016
Tel: 212.751.6422 | Fax: at 212.751.6404

Company Name

Payment Method: Check Visa Mastercard American Express Wire Transfer
Call for instructions 212.751.6422x14

Card Holders Name:

First Name (Please Print)

Last Name

Credit Card #

Expiration Date: / /

Security Code:
(Back of Card)

Card Holders Billing Address:

Phone # - -

Email:

Amount: , .

Signature _____ Date _____