



FASHION FOOTWEAR ASSOCIATION OF NEW YORK

**FFANY 2010 Membership Dues \$600  
January 1, 2010 – December 31st, 2010**

**Membership dues to be submitted at time of show application.**

Thank you for your interest in the Fashion Footwear Association of New York (FFANY). August 3-5, 2010. This show venue will be located at The Hilton New York Hotel (54th Street and 6th Avenue) and Flatotel (53rd & 6th Avenue) in New York City. Enclosed is an application and price list for Exhibit Rooms. FFANY Membership of \$600 is mandatory for all exhibitors and is valid for the entire company per a 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.
- Special discounted rates for sleeping rooms at various hotels located in New York City. Please visit our web site [www.ffany.org](http://www.ffany.org) for information or contact our travel desk toll free @ 877.852.6758
- 5% Airline Discounts for American Airlines and Jet Blue. Please contact the office FFANY for Promotional Codes
- 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.
- FFANY New York Shoe Expo Invitation postcards provided for FFANY Market Weeks upon request.
- 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 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.

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## 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)

_____	<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
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_____	<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 \_\_\_\_\_

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**Please tell us how you heard about Fashion Footwear Association of New York (FFANY)**

**Footwear News**  **Footwear +**  **Facebook**  **Twitter**  **FFANY Website**  **FFANY Email**

**Other** \_\_\_\_\_ (Please specify)

# FFANY CREDIT CARD AUTHORIZATION FORM

Please fill out the appropriate information and return with corresponding application to FFANY  
FFANY Mailing address: 1414 Ave. of the Americas, Suite #203, New York, NY 10019  
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