



# Advanced Buyer Registration Form

Friday, June 3 - Monday, June 6, 2011 | Mandalay Bay Resort & Casino | Las Vegas, NV | USA  
www.JCKLasVegasShow.com

## I. MAILING CONTACT INFORMATION

Registrant #1 is considered the mailing contact and will receive all event correspondence and badges. Each company will only have one mailing contact. Please type or print clearly.

REGISTRANT #1

### 3 Ways to Register:

1. On-Line: [www.jcklasvegasshow.com](http://www.jcklasvegasshow.com)

#### 2. Mail:

JCK Las Vegas 2011  
ATTN: Registration Dept.  
PO Box 7200  
Norwalk, CT USA 06852-7200

3. Fax: 1-203-840-5830

#### To Speak with a Member of our Registration Team:

Phone: 1-800-257-3626 or 1-203-840-5684

Visit our website at [www.JCKLasVegasShow.com](http://www.JCKLasVegasShow.com)

FIRST NAME (Initials not accepted) LAST NAME

TITLE COMPANY NAME (One company name only)

MAILING ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

PHONE (Including international dialing codes)

FAX

EMAIL (All registration confirmations will be sent via email)

SIGNATURE WEBSITE ADDRESS

PRIMARY JOB FUNCTION? (Select one)  Buyer  Sales  Manager  Owner/Co-owner  President/Vice President  Other \_\_\_\_\_

I certify that individuals listed are bonafide salaried employees of the store/company. All employees will present a government issued photo ID and personalized business identification (Business Card, Canceled paycheck or paystub, Check, Corporate Card) at registration upon arrival at the Show. (Please acknowledge this statement by signing and printing name above.)

## II. Additional Staff Registration Information

REGISTRANT #2

REGISTRANT #3

FIRST NAME (Initials not accepted) LAST NAME

FIRST NAME (Initials not accepted) LAST NAME

EMAIL (All registration confirmations will be sent via e-mail)

EMAIL (All registration confirmations will be sent via e-mail)

PRIMARY JOB FUNCTION? (Select one)  Buyer  Sales  Manager  Owner/Co-owner  
 President/Vice President  Other \_\_\_\_\_

PRIMARY JOB FUNCTION? (Select one)  Buyer  Sales  Manager  Owner/Co-owner  
 President/Vice President  Other \_\_\_\_\_

### III. Business Type (Select one)

- A.  Independent Jewelry Retailer
- B.  Jewelry Wholesaler
- C.  Department Store
- D.  Chain/Mass Merchant
- E.  Specialty Gift/Boutique

- F.  Catalog
- G.  Online/Internet
- H.  Television
- I.  Accountant/Attorney/Banker/Insurer
- J.  Financial Institution

- K.  Agency
- L.  Appraiser
- N.  Manufacturers Representative
- O.  Other \_\_\_\_\_

## IV. Demographic Information

1. NUMBER OF STORES (Select one)  Single store  2-3 stores  4-9 stores  10-20 stores  20+ stores  N/A

2. WHAT PRODUCTS ARE YOU LOOKING TO PURCHASE AT THIS YEAR'S SHOW? (Check all that apply)

- A.  Antique & Estate Jewelry
- B.  Bridal Sets
- C.  Colored Gemstones
- D.  Diamonds - Finished
- E.  Diamonds - Loose
- F.  Pearls - Finished
- G.  Pearls - Loose
- H.  Designer Jewelry
- I.  Fine Finished Metal Jewelry
- J.  Sterling Silver Gift
- K.  Sterling Silver Jewelry
- L.  Technology Business Services
- N.  Timepieces and Accessories
- M.  Tools/Supplies/Accessories Equipment

3. PLEASE INDICATE WHICH ASSOCIATION/GROUP YOU ARE A MEMBER OF: (Select all that apply)

- AGS  JBT  GIA  NAJA  JA  WJA  Leading Jewelers Guild  Leading Jewelers of the World  State Association \_\_\_\_\_

4. CONFERENCE  I plan to attend the JCK Las Vegas Conference Program.

V. QUALIFICATIONS  JBT Listed - Retail Jeweler  JBT# \_\_\_\_\_  NAJA # \_\_\_\_\_  CJA # \_\_\_\_\_

## VI. Payment Information

Check # \_\_\_\_\_ Name (as it appears on card) \_\_\_\_\_

(Make checks payable to: Reed Exhibitions) Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

MC  Visa  AMEX Signature (I agree to pay the total amount according to my credit card issuer agreement. Cancellation policies apply.) \_\_\_\_\_

	Pre-Show	On-Site	Qty.	Total
<input type="checkbox"/> Retailer	No Charge	\$99		
<input type="checkbox"/> Wholesaler	No Charge	\$295		
<input type="checkbox"/> Accountant/Attorney/Banker/Insurer	\$295	\$295		
<input type="checkbox"/> Financial Institution	\$295	\$295		
<input type="checkbox"/> Agency	\$295	\$295		
<input type="checkbox"/> Manufacturers Representative	\$295	\$295		

Total Payment Due:

\$

We collect this data in order to provide you with information about the JCK Shows and other companies in your industry. If you prefer not to receive further information, please see our privacy statement at [www.jckshows.com](http://www.jckshows.com) or call our privacy administrator at 1-888-306-2344 or from outside the US at 1-203-840-5810.