

NEW COMPANY REGISTRATION FORM

Business Details

Company Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Website: _____ Social Media Channels: _____

Company Contact

- Yes, CanGift may email me show & promotional information* **I am an authorized buyer**
 Yes, I would like to receive promotional emails and/or direct mailings from CanGift Exhibitors*

Please scan and email us a copy of each of the following pieces of company ID to establish your account.

1. Business License/Registration/Number (provincial/municipal)
2. A recent invoice (within six months) from industry .manufacturers for goods purchased at wholesale quantity.
3. This completed form.

Email: registration@cangift.org

CanGift reserves the right to request additional business identification if necessary.

First Name: _____ Last Name: _____ Email Address: _____

Title (select one):
 Owner/President(A) Buyer(B) Dept. Manager(C) Sales/ Marketing(D) Other(E)

Additional Buyer** Yes, CanGift may email show & promotional information to this contact* **This is an authorized buyer**
 Yes, CanGift can send promotional emails and/or direct mailings from CanGift Exhibitors to this contact*

First Name: _____ Last Name: _____ Email Address***: _____

Title (select one):
 Owner/President(A) Buyer(B) Dept. Manager(C) Sales/ Marketing(D) Other(E)

If you need to add more than one additional buyer, please provide the following information for each person in your email. * Unique email addresses required

Industry Section

Please select one option that best describes your business:

- Retailer(A) Not For Profit(AV) Manufacturers Rep(B) Distributor(C) Trade Buyer(D)
 Wholesaler(E) Manufacturer(F) Premium Incentive(G) Interior Designer(H)

Note: if you selected Retailer, Not for Profit, Trade Buyer, Interior Designer or Premium Incentive, please complete the section below

Business Information

Store Type: Independent Part of a Chain Franchise Number of Stores: 1 2-5 6+ Business Start (Year): _____

Please select ONE CATEGORY from below which best represents the products you sell:

- | | | |
|---|--|---|
| <input type="checkbox"/> Apparel (A) | <input type="checkbox"/> Gallery / Print (H) | <input type="checkbox"/> Jewellery (O) |
| <input type="checkbox"/> Bed, Bath & Linen (B) | <input type="checkbox"/> General Gift (I) | <input type="checkbox"/> Pharmacy / Drug (P) |
| <input type="checkbox"/> Department (C) | <input type="checkbox"/> Gift Basket (J) | <input type="checkbox"/> Salon / Spa (Q) |
| <input type="checkbox"/> Dollar Store / Variety (D) | <input type="checkbox"/> Gourmet / Housewares (K) | <input type="checkbox"/> Souvenir / Novelty (R) |
| <input type="checkbox"/> Fashion Accessories (E) | <input type="checkbox"/> Grocery / Supermarket (L) | <input type="checkbox"/> Stationery / Party / Books (S) |
| <input type="checkbox"/> Florist / Gardening (F) | <input type="checkbox"/> Hardware (M) | <input type="checkbox"/> Tabletop (T) |
| <input type="checkbox"/> Furniture (G) | <input type="checkbox"/> Home Décor (N) | <input type="checkbox"/> Toy / Hobby / Educational (U) |