The Virtual Needlepoint Trade Show 2020

October 24, 25, 26

BUYER REGISTRATION

Business Name		
Contact Person		
Street Address		
Mailing Address		
City	State	_Zip Code
Phone	Fax	
Email		
Website		
Resale Tax Number		
Type of Business: Brick & Mortar Store	Teache	er/Designer
Online Retailer*		
*This must be a current active of friends.	nline store. Mo	ore than just buying for your
Please list 2 companies you now	<i>i</i> purchase fron	n

You must pre-register in order to receive the password for entrance to the show.