

SUMMER/
RESORT
2012
1ST-6TH
MARCH 2012

LAKMÉ
FASHION
WEEK

AIRCEL

BUYER REGISTRATION FORM

MAXIMUM 4
REPRESENTATIVES ALLOWED
TO REGISTER PLEASE ATTACH 2
PASSPORT SIZE PHOTOGRAPHS
OF EACH INDIVIDUAL WITH
NAME WRITTEN ON THE BACK
OF THE SNAP (IN CAPITALS).

COMPANY/STORE NAME : _____

1 FIRST NAME: _____ LASTNAME: _____
DESIGNATION: _____ EMAIL : _____
MOBILE: _____ PHONE: _____

2 FIRST NAME: _____ LASTNAME: _____
DESIGNATION: _____ EMAIL: _____
MOBILE: _____ PHONE: _____

3 FIRST NAME: _____ LASTNAME: _____
DESIGNATION: _____ EMAIL: _____
MOBILE: _____ PHONE: _____

4 FIRST NAME: _____ LASTNAME: _____
DESIGNATION: _____ EMAIL: _____
MOBILE: _____ PHONE: _____

OFFICIAL ADDRESS/ HEADOFFICE: _____

PHONE: _____ FAX: _____

EMAIL: _____

MOBILE: _____ WEBSITE: _____

COMPANY/ ORGANIZATION/ RETAILER: _____

Year of Establishment: _____ Number of Stores: _____

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Domestic Locations, please specify the name of the cities : _____

International Locations, please list city / locations: _____

* Please fill in the information below if you are registering your Company / Store for the first time with Lakme Fashion Week

TYPE OF ORGANIZATION (PLEASE TICK)

Proprietorship Partnership Private Limited Public Limited

INDUSTRY SEGMENT (PLEASE TICK)

Retailer Distributor Wholesaler Buying Office/Agent Exporter

Any other please describe : _____

RETAILER CATEGORY (PLEASE TICK)

Department Store Multi Brand Store Stand Alone Store Boutique

Any other please describe : _____

PRODUCT DETAILS (PLEASE TICK)

Apparel : Men's Women's Both

Accessories : Men's Women's Both

ANNUAL TURNOVER – PREVIOUS YEAR

In INR (Domestic Companies) _____

In USD (International Companies) _____

PLEASE SPECIFY CATEGORY (PLEASE TICK)

Prêt/ Ready to Wear Bridge/Diffusion Couture /Luxury

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BUYER REGISTRATION FORM

PLEASE LIST WHICH (IF ANY) LAKME FASHION WEEK DESIGNERS YOU:

DO BUSINESS WITH

AMOUNT SPENT (LAST SEASON)

WANT TO DO BUSINESS WITH

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please return completely filled application latest by January 15, 2012, along with your 2 photos & Payment for the Tour Package, to:

Pinnacle Fashion Tours

Attn: Shafiq Hasan

67409 N. Chimayo, Cathedral City, Ca. 92234

Tel: 760-327-4728 ; Cell - 949-439-6411; Fax - 949-348-7071

For any other information, please contact Shafiq Hasan or email at

shafiqh1@gmail.com

I HEREBY CONFIRM TO REGISTER FOR LAKME FASHION WEEK SCHEDULED FROM MARCH 1st – 6th, 2012

NAME: _____

COMPANY NAME: _____

SIGNATURE: _____

DATE: _____

- * This application is subject to approval by LFW and does not guarantee an invitation to LFW SR 2012.
- * Please fill in all the details in the form to enable us to process your registration request as incomplete forms will not be accepted.
- * If wish to bring more than 4 representatives, please do contact the buyers team.