



February 5-7, 2019
OFF-SITE APPLICATION
Tuesday - Thursday

2019 FFANY MARKET WEEK
FEBRUARY 4-8 I MONDAY-FRIDAY
NEW YORK SHOE EXPO
FEBRUARY 5-7 I TUESDAY-THURSDAY

FFANY Authorized Venues
Warwick New York Hotel
FFANY Member New York Showrooms

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YORKSHOE
SHOW DIRECTORY LISTING FOR FFANY MEMBERS NOT EXHIBITING AT A FFANY
WENT OF COMMENCE OF COMMEN

All FFANY Members that fill out this form will be listed in the FFANY Market Week Directory and will be

charged a	\$ 1900.00 partic		e cannot guarantee directory
DEADLINE	DECEMBER 17,	, 2018 listing if th	is application is not returned to NY by December 17, 2018
Corporate Name			
Address			
City	State	Zip	
Tel:	Fax:		
Website:	email:		
Contact	Signature		
DIRECTO	RY LISTING TO	READ	
Please indicate for each brand w	vomen's (W), men's	(M), children's (C) or	accessories (A)
Please check here if you	r New York Showr	oom will be OPEN A	LL WEEK
Company Name		W M C A Bran	nd website:
Showroom			
Address			
Telephone	Showroom e	mail:	
Website 1	Website 2		
Additional Brand N	ames (Address & T	elephone if Different)
W M C	A		
	Brand web	site	
Please provide 3	retail customers tha	at carry your brand.	Please check box if you offer Immediate Deliveries
Women's Salon Bridge Bo Product Dress Sport Ha Categories Branded Private Label	ndbags Acces	sories 🔲 Publica	Comfort Casual C
Please check if your company sells the following:	Narrow sizes		5 or under Size 12 +
Man'a		Sandals Snea	
Product Casual Slippers C	ogs & Mules 🔲 E	Boat Shoes 🗖 Insole	es & Accesories Yout
Brandea La Finvate Laber			
Please check if your company sells the following:	Narrow sizes	🛮 vvide Sizes 🛄 Size 6	6 or under 🔲 Size 14 +

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FFANY AD SPECS Directory Booklet and Digital Ads February 5-7, 2019

Show Directory

Cost: \$600 Page | \$1000 Two Ads | \$1500 Two Page Spread Deadline Wednesday January 2, 2019

Contact: Phyllis Rein 212-751-6422 x4
All Ads must labeled with your company name and date.
Please send ads to **communications@ffany.org** in pdf format for approval









DIRECTORY AD FORMAT FOR SHOW BOOKLET: PDF ONLY!

Email high-resolution CMYK PDF/X-1a with full marks and bleeds directly to communications@ffany.org

1) BLEEDS - Please use size 6.25×9.25 or 6" +.125 bleeds on each side \times 9" + .125 bleeds on each side.

AD SIZES - **All ads created to exact size specifications 6"x9"**. No important live matter within 1/4" of gutter-trim.

FONTS - Black type on white background should be defined as 100% black ONLY. Do not use "true black" or "rich black."

PHOTOS - All 4-color scans must be 300 dpi in CMYK. All B/W scans must be 300 dpi grayscale. *NOTE: Resizing a low-res graphic to 300dpi in Photoshop does not increase its resolution. It must be created at 300dpi (or better) AT THE ORIGINAL SIZE. Results of a resized low-res cannot be guaranteed.*

2) Logo for FFANY Website-Corporate & brand logo to be included on FFANY website DIMENSIONS - Minimum width 300 px, maximum width 1000 px. No larger than 500 kb FILE FORMAT - JPG or PNG. Transparent or white background.

3) Digital Ad for FFANY Website-Digital ad separate artwork for mobile friendly devices DIMENSIONS - 1200px wide by 1360px height MINIMUM FONT SIZE - 36 px

FILE FORMAT - JPG @72 DPI





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All Exhibitors Must Fill Out this FFANY Payment Page

Please fill out the appropriate information and return with corresponding application to FFANY

FFANY New Mailing Address: 575 Ffith Avenue, 14th Floor, New York, NY 10017
Tel: 212.751.6422 | Fax: 212.751.6404

Payment information will be used to process participation fees unless otherwise stated.	
Payment Method: Check Mastercard BANK TRANSFERS FFANY Account: 4830382-83982 American Express ACH Direct Deposit - 021000322 Wire Transfer - Domestic Routing: 026009593	
Card Holders Name: Bank of America, 1 Bryant Park NY, NY 10036	
First Name (Please Print) Last Name \$50 Must Be Added to Wire Transfers	
Credit Card # Expiration Date: Security Code: Business Credit Card Personal Credit Card	
Card Holders Billing Address:	
	ı
Phone #	
Email:	
Amount:,	
FFANY AD- Please check box if you wish to purchase a full page 6x9 color ad in the FFANY directory. Full Page \$600 Tab ad \$1000 Spread (Two Pages) \$1500	
Signature Date	
ACCEPTANCE AGREEMENT	_
By signing this application the Exhibitor Agrees To The Terms And Conditions in this Contract. Confirmation kits will be sent Electronica via email. PARTICIPATION FEES MUST BE PAID IN FULL TO RECEIVE E-Confirmation.	lly
Authorized Signature	
Name (Printed)	
Title Date	
Fashion Footwear Association of New York, 575 Fifth Avenue, 14th Floor, New York, N.Y. 10017 Tel: 212.751.6422 Fax: 212.751.6404 info@ffany.org www.ffany.org	
FFANY Accounting Date Amount Amount	
Invoice # Auth Code	