

Applications are reviewed by our Review Committee. The below criteria is required with your application. Please complete application in full. Print clearly or type.

I. GENERAL INFORMATION	
Company:	
Contact:	
Address:	
City:	State: Zip:
Phone:	Fax:
Email:	Website url:
Social Media:	
 OPTIONAL Samples of your most recent marketing, brandi Letters of reference from previous Design Colle Any consumer or trade media editorial coverage 	ective Exhibitors and/or top retailers carrying your line
III. DESIGN COLLECTIVE AREA	
When submitting this application, you will be consid A Design Collective Resident is a recognized, estab creates collections that inspire with the most skilled	lished design brand or artisan that has an individual aesthetic and
Select if you wish to also be considered for the below	ow Design Collective areas: (select all that apply)
RISING STARS: an up-and-coming designer v Collecitve is the first opportunity to view their	who has been in the business for 5 years or less. Often, the Design work on a national scale.
	JCK show floor but already established as one of the industry's cognized for their exclusive, upscale, coveted fine jewelry with a unique
Preferred Booth Space: 10x10 10:	×20
IV. ABOUT YOUR COMPANY	
Why do you want to exhibit at JCK?	
Years in business?	Size of business by sales volume?

IV. ABOUT YOUR COM	IPANY CONT.				
Are you a: designer	manufacturer				
Where do you manufacture? _					
Is the designer the principal of	the firm? • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • •		···· YES NO
Does your line include jewelry	that isn't of your own manufac	cturer?			YES NO
How many active retail accoun	ts does your business have re	elationships v	vith?		
List eight (8) current retail store	e accounts				
1		_ 5,			
RETAILER NAME	CITY, STATE		RETAILER	NAME	CITY, STATE
CONTACT NAME	Phone	_	CONTACT	NAME	PHONE
RETAILER NAME	CITY, STATE	_ 6	RETAILER	CITY, STATE	
CONTACT NAME	PHONE	- <u> </u>	CONTACT NAME		
RETAILER NAME	CITY, STATE	_ 7.—	RETAILER NAME		CITY, STATE
CONTACT NAME	PHONE		CONTACT NAME		Phone
RETAILER NAME	CITY, STATE	_ 8	RETAILER NAME		CITY, STATE
CONTACT NAME	PHONE	_	CONTACT NAME		Phone
V ABOUT YOUR COLL	ECTIONS				
V. ABOUT YOUR COLL	ECTIONS				
Does your line include jewelry	that isn't of your own manufac	cturer?			YES NO
Describe your design philosop	hy:				
Please check, Are your pieces:			LIMITED PR	ODUCTION MASS	S PRODUCED
Product line wholesale range is	s from \$ to \$				
How many SKUs do you produ	ce a year?				
What type of metal does your o	collection primarily feature?	18K 14	łK 10K	Sterling; Platinum	Alternative Meta
What gemstone type does you	r collection primarily feature? -				
If synthetic stones, what percei	ntage of your collection includ	des synthetic	stones?		

i.e. Diamonds; Colored Gemstones; Synthetic Stones

Would this be your <u>first</u> North American fine jewelry trade show? • • • • • • • • • • • • • • • • • • •	YES	NC
Are you featured in any publications? (Non-blog, non-Social Media) If yes, please list the publications:		
List the trade and craft shows you have exhibited in, in past 3 years:		
		<u> </u>
What jewelry design programs have you attended and/or graduated from?:		_

VI. OTHER INDUSTRY & TRADE SHOW PARTICIPATION

III. APPLICATION SUBMISSION

This is an application and not a guarantee of acceptance. Acceptance is based on space availability, show managements need to balance product categories on the show floor and overall review of the application from the committee. Questions? Contact **Monalisa DePina** at 203.722.8963 or email her at the email below.

EMAIL THIS COMPLETED APPLICATION WITH YOUR PRESENTATION PACKET TO MONALISA DEPINA | MONALISA.DEPINA@RXGLOBAL.COM

YOUR APPLICATION DOES NOT GUARANTEE IMMEDIATE APPROVAL.

