

# The Spring Needlepoint Show 2025

## BUYER REGISTRATION

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Resale Tax Number \_\_\_\_\_

Type of Business:

Brick & Mortar Store: \_\_\_\_\_

Online Retailer: \_\_\_\_\_

Teacher: \_\_\_\_\_

**\*\*This must be a current active online store. You must be doing more than buying for your friends**

Please list 2 companies you now purchase from:

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**Attendees : Those authorized to buy for your business**

Owner/Buyer #1 \_\_\_\_\_

Buyer #2 \_\_\_\_\_

Buyer #3 \_\_\_\_\_

**Guests/Helpers – not authorized to buy directly from Exhibitor**

Guest #1 \_\_\_\_\_

Guest #2 \_\_\_\_\_

Guest #3 \_\_\_\_\_

Please email to [Info@thespringneedlepointshow.com](mailto:Info@thespringneedlepointshow.com) or mail to CBK Needlepoint 933  
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