##### Registration Form

##### B2B MEETINGS –FOOD SECTOR

**THESSALONIKI 8-9.05.2017 & ATHENS 10-11.05.2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.Company Name:**  **Address:** | | | | | | |
| **2. Additional information** | | | | | | |
| **Name & Job Title of representative that will participate and attend the meeting(s):** | | | | | | |
| **Telephone:** | | | | | **Mobile:** | |
| **E-mail:** | | | | | **Company Website:** | |
| **3. Field of activity/products:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **4. Annual Turnover (euro):** | **2014:** | | | **2015:** | | **2016:** |
| **5. Export: YES NO** | | **% Export sales:** | | | | |
|  | |  | |  | |  |
| **6. Current Export markets :** | | | | | | |
|  | | | | | | |
| **7. Type of requested cooperation (Please select from the list below)**   1. **We would like to form a partnership or profile of desired business partner (please, specify which products you are seeking for in 200 words max):**   **b. Price bracket: (low, mid, upper price range on international level):**  **c: Type of end user/market segment (please specify):**  **d. Other form of cooperation (please specify):** | | | | | | |
| **8. Please indicate the prefer place for B2Bs** | | | | | | |
| **THESSALONIKI 8-9.05.2017** | | | **ATHENS 10-11.05.2017** | | | |

**Παρακαλώ, όπως αποστείλετε τα συμπληρωμένη φόρμα συνοδευόμενη από συνοπτικό προφίλ της εταιρείας σας στα αγγλικά στην ηλ. δ/νση*:*** [***promotion@enterprisegreece.gov.gr***](mailto:promotion@enterprisegreece.gov.gr)***,***

**T.: 210 3355778,210 3355798.**

**ΗΜΕΡΟΜΗΝΙΑ ΥΠΟΓΡΑΦΗ**