##### Registration Form

##### B2B MEETINGS

**Kalampaka, 10 – 11 June 2017**

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| --- |
| 1. **Name /Company Name:**

**Address:**  |
| **2. 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 (optional)**1. **Profile of desired business partner**

**b . Other form of cooperation (please specify):** |

 **Παρακαλoύμε, όπως αποστείλετε τη φόρμα συμπληρωμένη στο mail: z.legga@enterprisegreece.gov.gr .**

**ΗΜΕΡΟΜΗΝΙΑ ΥΠΟΓΡΑΦΗ**