

**Economic Mission to Poland**

***16-19 June 2019***

***Formulaire de Participation***

A retourner avant le **24 Mai 2019**

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| **Company Identification** | | | | | | |
|  |  |  |  |  |  |
| **Name of The Company** |  | | | | |
|  |  |  |  |  |  |
| **Address** |  | | | | |
|  |  |  |  |  |  |
| **City** |  | **Postal Code** |  | **Governorate** |  |
|  |  |  |  |  |  |
| **Phone** |  | | **Fax** |  | |
|  |  |  |  |  |  |
| **Website** |  | | **E-mail** |  | |
|  |  |  |  |  |  |
| **General Manager** |  | | | | |
|  |  |  |  |  |  |
| **Mission Participant** |  | | | | |
|  |  |  |  |  |  |
| **Phone** |  | **GSM** |  | **Fax** |  |
|  |  |  |  |  |  |
| **E-mail** |  | | | | |
|  | | | | | | |
| **Company Activity Information** | | | | | | |
| **Products / Services** |  | | | | |
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| **Presentation of your Company** |  | | | | |
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| **Targeted Cooperation** | | | | | | |
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**Remarques :**

* **Frais de participation : 500 DT** (à payer avant le **24 Mai 2019**), par chèque ou par virement.

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| **CEPEX**  Banque : STB RIB : 10 907 116 100255 2 788 97 |

Coordonnées bancaires :

* **Cette mission est éligible au soutien financier du FOPORODEX**

**Bon pour engagement de participation**

**Date, cachet de l’entreprise et signature**