

REGISTRATION FORM FOR PARTICIPANTS

CORPORATE PARTICIPANT (GOVERNMENT SERVICE, COMPANY, ASSOCIATION)

PARTICIPANT INFORMATION

ACTIVITY SECTOR :

COMPANY/INSTITUTION :

EMAIL :

TELEPHONE:

CITY :

COUNTRY :

FULL NAMES OF PARTICIPANTS :

1..... 6.....

2..... 7.....

3..... 8.....

4..... 9.....

5..... 10.....

Immediately you return this filled in form to us, we will send you a corresponding invoice. Only the full payment of the invoice will confirm your participation. Thank you for your collaboration

DATE

PLACE

NAME / AUTHORIZED SIGNATURE / STAMP

Please send your duly filled in and signed form to the following address:

secretariat_feciac@centralafrica-investmentforum.com

(copy our marketing partner : contact@besonly.com)

(+237) 677 729 277 (Whatssap number) / (+237) 691 603 747

This form can be photocopied to accommodate the number of participants to be registered. Please make as many copies as you need.