

REGISTRATION FORM FOR EXHIBITORS

YOUR CONTACTS

Corporate name:
Complement :
Key Sector of Activity :
Address : Post Office Box :
City :
Country :
Email :
Tel switchboard :
Website :

PERSON N°1

Full name :
Post held :
Office Phone :
Email :

PERSON N°2

Full name :
Post held :
Office Phone :
Email :

BUSINESS DESCRIPTION (Presentation of the company, highlighting its strengths)

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COMPANY CHARACTERISTICS

TURNOVER (in XAF) : ☐ 0 - 15 Millions ☐ 15 - 100 Millions ☐ 100 - 1 Billion ☐ More than 1 Billion

EMPLOYEES : ☐ 01 - 05 Pers ☐ 06 - 20 pers ☐ 21 - 100 Pers ☐ Plus 100 pers

CREATION DATE :

TYPES OF ACTIVITIES :

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 (Whatsapp 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.