

REGISTRATION FORM FOR PARTICIPANTS

INDIVIDUAL/NATURAL PERSON PARTICIPANT

PARTICIPANT INFORMATION

FULL NAME:

ACTIVITY SECTOR:

COMPANY/INSTITUTION :

POST HELD :

EMAIL :

TELEPHONE:

CITY :

COUNTRY :

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.