

International Visitors - Registration Form

CONTACT INFORMATION:

Company Name: _____ Country: _____
 Contact Person: (Mr./Ms./Mrs.) Name: _____ Title: _____
 Address: _____ City & Zip: _____
 Tel: (country code) _____ (city code) _____ (no) _____ Fax: _____
 Mobile: (country code) _____ (city code) _____ (no) _____ E-mail: _____
 Website: _____ (if website is not available, please send complete company profile)

COMPANY PROFILE:

Year of Establishment: _____ No. of employees: _____ Annual Turnover US\$: _____
 Annual value of textiles imports US\$: _____ Countries currently buying from: _____

TYPE OF ACTIVITY:

Wholesaler Manufacturer Buying Office Importer Agent Others: _____

TYPE OF BUSINESS COOPERATION REQUIRED:

Outsourcing Investment in Egypt Joint Venture Import Others: _____

In which country/ies are you active? _____

Are you importing from Africa now? Yes No If yes, which countries? _____

If No, did you import form Africa before? Yes No If yes, which countries? _____

Are you working through an agent? Yes No

What is the target market segment of your products? Upper Middle Low

PRODUCT RANGE YOU ARE INTERESTED IN:

Fibers Yarns Sewing Threads Woven Fabrics Knitted Fabrics
 Denim Fabrics Lace Fabrics Technical Textiles (Clohtec, Medtech, Protech, Sportech Yarn or Fabrics)
 Dyeing, Printing & Finishing Others: _____

Selected products details _____

Please complete all fields (mandatory) & return to: Email: info@textile-egypt.org Or Fax: 0020225656035

Stamp: _____ Signature: _____ Date: _____

Organized by

