

Please complete and return the Registration form to:
World Trade Center Cyprus
P.O. Box 58023 CY-3730 Limassol
Tel: +357 25 588 116 Fax: +357 25 588 299 Email: info@wtccy.org





Business Matchmaking Form							
For Trade Mission	Delegates						
First Name	Middle Name			Last Name		Mr.	Ms.
Company Name				Position / Tit	le		
Mailing Address							
City	Country			Postal Code			
Phone	Fax			Email			
Company Informa	tion						
☐ Manufacturing	☐ Export/Import	Wholesale	☐ Service	Retail	Other	(please	specify)
Sales Volume (Euro)		Number of Emplo	oyees	Year of Esta	blishment		
Brief description of co	ompany						
Description of product (Attach separate sheet if r	necessary)						
Buying	☐ Selling	☐ Loo	king for Agent/[Distributor		Retail	
☐ Commercial	☐ Services	_	er (please spec				

Give Details

(Attach separate sheet if necessary)