

## VISITOR REGISTRATION FORM

COMPANY NAME*	
VISITOR NAME*	
POSITION*	
PASSPORT NUMBER*/	
FIRM TAX NUMBER*:	
TAX OFFICE*:	
ADDRESS*	
TEL / FAX*	
CORPORATE E-MAIL*	
WEB*	
SECTOR*	
REQUIRED PRODUCT GROUPS*	<input type="checkbox"/> Evening Gown <input type="checkbox"/> Wedding Dress <input type="checkbox"/> Wedding Dress <input type="checkbox"/> Wedding Suit <input type="checkbox"/> Children's Evening Gown <input type="checkbox"/> Accessories <input type="checkbox"/> Others (Associations, Magazines)
REQUIRED EXHIBITOR PROFILE*	
MEMBERSHIP TO ANY CHAMBER / ASSOCIATION*	
PRODUCTION / SALES CAPACITY*:	

*\*Please kindly provide required informations.*

### COMPANY PROFILE

DATE OF FOUNDATION:	NUMBER OF EMPLOYEES:
TURNOVER (USD / EURO) 2013 : _____ 2014 : _____	IMPORT FIGURES (%) 2013 : _____ 2014 : _____

COUNTRIES OF IMPORT

FIRM / REPRESENTATIVE  
SIGNATURE / STAMP

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