

**BUSINESS MISSION PARTICIPATION FORM
INDONESIA, OCTOBER 2017**

Name of Participant : _____

Job Title : _____

Company : _____

Office Address : _____

Passport number and
expiry date : _____

Telephone Nos. Direct : _____

Office : _____ Fax No. : _____

Mobile : _____

Email address : _____

Country : _____

Business Category : _____

Industry Sector : _____

Production Capacity : _____

Product interest:
(In case of import please refer :
to TEI brochure page 7) : _____

Investment Business Support : _____

50 Words Company Profile

Business to Business Expectations

Please return to the Indonesian Embassy via email to arturm@konsorcjum.com.pl or monika@indonesianembassy.pl