

REGISTRATION FORM



3 Days
PAK~USA
Trade EXPO 2020
 HOUSTON, UNITED STATES



JANUARY
4 to 6, 2020



**America Pakistan Business
 Development Forum (Regd.)**
 832 443 3340
www.ampak-bdf.com



**Sahara Media Corporation
 (Pvt) Limited.**
 +92 300 269 7708
www.saharamedia.pk

The SMC & AMPAK offers you the opportunity to present your company, your products and services to your target group almost without any scattering losses. Company can nominate only 2 representatives to participate in the trade fair and delegation.

Reg No. _____

A. 1st PARTICIPANT / IDENTITY INFORMATION

First Name:		Last Name:		Middle:
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Marital status (circle one): <input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid		
Age:	Mailing Address:			
City:		Zip / Postal Code:		
CNIC #		Passport #		
Ph. / Mobile No.		Fax No.		
Designation:		Have you visit before for US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Personal: Email Provided by Company:		Any Travel History if have:		

A-2. 2nd PARTICIPANT / IDENTITY INFORMATION

First Name:		Last Name:		Middle:
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Marital status (circle one): <input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid		
Age:	Mailing Address:			
City:		Zip / Postal Code:		
CNIC #		Passport #		
Ph. / Mobile No.		Fax No.		
Designation:		Have you visit before for US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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B. COMPANY INFORMATION

Company Name:

Business Address:

City:

Zip Code:

Company Website:

Company Tel / Mob:

Contact Fax:

Official Company Email:

Alternate Contact:

Alternate Contact Email:

Alternate Contact Tel:

C. COMPANY STATUS

Industry / Type of Business:

(Please select all that apply)

Manufacturer

Distributor/Representative

Export Management Company

Service Company

Franchiser

Importer

Other *(please specify)*:

Year of Company Established:

Number of Employees (est.):

Number of years in each of the following business activity:

Manufacturer:

Distributor/Representative:

Export Management Company:

Service Company:

Franchiser:

Importer:

Other, if any:

D. COMPANY FINANCIAL STRENGTH

Annual Sales:

Less than \$5 Million

\$5-10 Million

More than \$10 Million

Annual Imports (as % of Total Sales):

Less than 25%

More than 25%

Major Countries of International Business:

Brief Company Bio / Description:

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E. BUSINESS OBJECTIVES

When did you join the respective Chamber of Commerce?

What type of business contacts are you seeking in the US?

Distributor / Wholesaler

Agent / Sales Representative

Franchisee

Joint Venture Partner or Licensee

Other (please specify)

Is your Firm/Comp./Org seeking representation on an exclusive basis in this market? Yes No

Your goals/ objectives, the reason describing why you want to attend PTE 2020:

Please provide details of the nature of your business / products / services you want to sell or showcase:

Describe any special features of your company's operations, interests, or objectives in the target market that can help us identify potential business partners.

Are there any specific companies, or types of companies, you would like us to contact?
If so, please name them.

F. PAST INTERNATIONAL TRAVEL HISTORY

a). List all the countries visited in the last 10 years:

b). Have you ever applied a U.S. Visa?
If yes, when?

c). Was it Denied or Approved?
If Approved, Provide Purpose of visit:

Days of stay:

Note: Your registration is only complete upon filling in and submitting both pages of this form. It is essential for the organization of the exhibition that you register at least one person as permanent contact who will be present at your stand.

Company Signature & Stamp

Authority Signature & Stamp