**EXPOTROF 26-29.1.2018**

**Request Form**

Please fill in the participation form in English and send it back via e-mail to s.theofanidou@ahk.com.gr or fax to +30 210 6445175.

**I would like to participate at the EXPOTROF as**

□ Visitor □ Exhibitor

Company: …………………….…………………………………………………………………………….………………………………......

Name of contact person: ……………………………………….…… Position: ……...……………………..………………....

Business Activity: ……………………………………………………………………………………………………………………………..

Street: ……………………………………………………………………………………………………………………………………………….

P.C.: ………………………………… City/Country: ……………………..…………………………………..………………..

Tel: ……………………..……..… Fax: …………….………………… E-Mail: ……………………………..……………………….

URL: …………………………………………………………………………………………………………………………………………………..

**I am interested in**

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□ I am **member** of the Hellenic-German Chamber of Industry and Commerce

□ I would like to get information for membership

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Place, Date Signature