**REGISTRATION FORM**

**Company/Institution** (exactly as you want it to be profiled at the EXPO)

…………………………………………………………………………………………………………………………

**City** ………………………………………………………………………………………………………………..

**Tel**…………………………………………………………………………………………………………………..

**Email**………………………………………………………………………………………………………………

**Contact Person**................................................................................

Please list name(s) of persons with access to the exhibition booth so we may provide ID Cards (2 persons per booth).

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this reservation form by **September 23rd , 2016** to the address listed below;

Mrs Souzi Mavromati,

tel: +30.2510222. 212 ext. no 4

email:info@chamberofkavala.gr