

ROMA EXPO FRANCHISING 2010



VISITOR APPLICATION FORM

please write in block letters

Surname

Name

Company

Address

Zip Code City

Country

Age Tel.

Fax

Company e-mail

Personal e-mail

Education:

- Secondary school Certificate Degree

Occupation:

- Student Worker Employee Freelancer
 Trader Retired Jobless Housewife

Purpose of your visit:

- Opening of a new point of sale Takeover of Foreign brand's rights in Italy
 Turning of an independent point of sale (into a franchising one) Takeover of Italian brand's rights abroad
 Franchising Services Consultant Prospective franchiser

How did you get information about this Exhibition?

- Press Internet Radio/TV Mouth to mouth Posters Something else

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Signature _____