

FOREIGN VISITOR REGISTRATION FORM

Please kindly provide required information for visitors.

Company Name :			
Visitor Name :			
Position :			
Gender :	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Nationality :			
Passport Number :			
Mobile Phone Number:			
Date of Arrival :		Date of Departure :	

Contact details of the Company

Address			
City		Country	
Phone		Fax	
e-mail		www.	

Fields of the Company

	Retailer	Wholesaler	Manufacturer
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual Shoes and Sandals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leathergoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leather Garments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are a retailer ; Number of the stores owned by your company :

1-5

6-10

11-20

20 – more

<p>Please note :</p> <ul style="list-style-type: none"> * Each visitor should fill seperately the registration form. * Please send the copy of your Passport attached to this form. * The hotel accommodation is all-inclusive , including max. 3 days. 	<p>Company Stamp & Signature</p>
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