Buyer's 1:1 Biz-matching Application Form

1. General Information

Company Name*		Country*	
Contact Person		Department/ Job Position*	
Postal Address			
Telephone		Fax	
Mobile*		Website*	
E-mail*			

2. Company Information

Date of Establishment		No. of Employees	
Total Annual Sales (2016)	USD	Amount of Imports (2016)	USD
Business Item* (please specify)			
Type of Business* (may check more than one)	☐ Manufacturer ☐ Exporter ☐ Importer ☐ Dealer/Supplier	☐ Wholesaler/ Distributor ☐ Retailer ☐ Department/ Chain Store ☐ Others: _____	

3. Biz-matching Program Item Preference

Field of Interest* (may check more than one)	☐ Digital Printing ☐ CNC Engraving/Cutting Machines ☐ Digital Display, Input & Design ☐ Space Design/Interior ☐ Others: _____	☐ Media & Ink ☐ Other Post-processing Equipment ☐ LED, Lighting ☐ Digital Signage

※ Any specific items of interest please write here: _____

4. Interpreter Service Request

Preferred Language	☐ English	☐ Chinese	☐ Japanese	☐ No interpreter needed

5. Biz-matching Date: November 16(Thursday) – 17 (Friday), 10:00 - 16:30 (2 days)

※ For any changes in details provided above, please inform KOSIGN Office.

※ Please note that ALL contact details (telephone, email) must be a direct contact line.

※ Information with * marked will only be disclosed to the exhibitors.

※ All participants must take part in 2 full days of the Biz-matching Program to earn **2 nights free accommodations**.
(Max 2 people from 1 company can attend min. 6 sessions per company/daily mandatory (2 days = 12 sessions/company))

Deadline to return Biz-matching application form is October 10 (Tuesday), 2017.

Name of Applicant: _____ **Authorized Signature:** _____

Date : _____

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