



alla Camera di  
commercio di.....

**INCOMING OPERATORI SETTORE ABITARE/COSTRUIRE DA ARABIA SAUDITA, EMIRATI  
ARABI UNITI E QATAR**

**INCONTRI CON AZIENDE EMILIANO-ROMAGNOLE PRESSO FIERA "SAIE"**

**Bologna, 18-19 OTTOBRE 2012**

**COMPANY PROFILE**

COMPANY NAME		
ADDRESS		
ZIP CODE	CITY	PROV
FAX	PHONE	
WEBSITE	E- MAIL	
CONTACT PERSON		

**1. DESCRIPTION OF THE ACTIVITY AND PRODUCTS**

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**Final Consumer of your Products**

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**Main Application of the Product**

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## 2. COMPANY INFORMATION:

START OF ACTIVITY:	WORKFORCE:
TURNOVER (in Euro): 2008 2009	EXPORT TURNOVER (%) % 2008 % 2009

## 3. COMMERCIAL PROFILE

**Main factor of competitiveness of your company:**

<input type="checkbox"/> Design	<input type="checkbox"/> Price / quality
<input type="checkbox"/> Quality	<input type="checkbox"/> Brand name / Presentation
<input type="checkbox"/> Technology	<input type="checkbox"/> Range of product

**x other** (specify):

## 4. FOREIGN MARKET

**Countries:**

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**Your presence in foreign market:**

- |  |   |
|--|---|
| <input type="checkbox"/> Direct        | <input type="checkbox"/> Franchising            |
| <input type="checkbox"/> Representant  | <input type="checkbox"/> Main Distribution      |
| <input type="checkbox"/> License       | <input type="checkbox"/> Importer / Distributor |
| <input type="checkbox"/> Joint venture | <input type="checkbox"/> Other (specify) _____  |

**Commercial References**

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## 5. MARKET INFORMATION

**Previous Experience in the Local Market**

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**Is your company in contact with local companies?**  Yes  No

**Do you want contact some specific company?**  Yes  No

If yes, specify the name and the address of the company: \_\_\_\_\_

Are there any specific company you want not to contact?  Yes  No

If yes, specify the name and the address of the company: \_\_\_\_\_

## 6. PARTNER RESEARCH

### Type of partner you are looking for

- |   |   |
|---|---|
| <input type="checkbox"/> Direct customers | <input type="checkbox"/> Franchising            |
| <input type="checkbox"/> Representants    | <input type="checkbox"/> Main Distribution      |
| <input type="checkbox"/> License          | <input type="checkbox"/> Importer               |
| <input type="checkbox"/> Joint venture    | <input type="checkbox"/> Other (specify: _____) |

Description of the partner you want to contact from the 3 countries and meeting expectations:

**Espositore a SAIE 2012**

SI  NO

Ho preso atto delle condizioni di partecipazione (come da allegata circolare) e confermo la mia adesione.

**informativa ai sensi del D. Lgs. 196/2003**

La informiamo che i dati personali sopra riportati saranno conservati nel nostro archivio informatico e saranno utilizzati esclusivamente al fine dello svolgimento delle attività sopra riportate. Per i diritti a Voi riservati dalla si rimanda al D. Lgs. 196/2003. Titolare del trattamento dei dati è .....

Data

FIRMA E TIMBRO LEGALE

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