

FLORIDA FOREIGN TRADE ASSOCIATION

1865 Brickell Avenue | Suite A2008

Miami, Florida 33129

E-mail: tradeusa@ffta.com | info@ffta.com | web: www.ffta.com

Phone: (786) 546-6437 | (305) 471-0737 | Fax: (305) 471-7636

TRADE-USA**BUSINESS MATCHMAKING REGISTRATION FORM****Registration Deadline: May 17, 2019**

**PLEASE TYPE OR PRINT CLEARLY AND RETURN TO FFTA VIA EMAIL TRADEUSA@FFTA.COM
OR FAX (305) 471-7636. QUESTIONS CALL: GISELLA BUSTILLOS (305) 471-0737 – (786) 546-6437**

1. Company Name: _____
 Contact Name(s): _____ Title: _____
 Address: _____
 City, State, Zip code: _____
 Telephone: (____) _____ Fax: (____) _____ Cellular: _____
 E-Mail: _____
 Website: _____ Numbers of Years in Business: _____
 Date of Incorporation: _____ Do you have offices or representatives abroad: Yes ____ No ____
 Where: _____ Suppliers/or clients: _____
- Do you require translator during your business meetings: **YES:** ____ **NO:** ____

Type of Company:

Manufacturer

Manufacturer's Representative

Agent/Distributor with warehousing facilities in Florida

Service/Franchising

Agent/Distributor without warehousing facilities in Florida

Other (Specify): _____

Category of the Company: (Check all that apply)**Annual Sales**

Less than \$1 million

Size of Company

1 - 10 employees

Market Status

New-to-Market

\$ 1 - \$50 million

10 - 20 employees

Old-to-Market

Over \$50 million

Over 20 employees

New-to-Export

Old-to-Export

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Brief description of your company: Attach additional sheets of paper if necessary.

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Describe in detail the specific product(s) or service(s) you want to promote. Attach additional sheets of paper if necessary.

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Describe in detail the type of firms with whom you would like to meet. Attach additional sheets of paper if necessary.

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What are the primary objectives for going on this mission:

Finding a Sales Representative/Agent

Distributor

Partner

Joint Venture or Strategic Alliance

Exposure to New Markets

Immediate Sales

Other (Specify) _____

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Describe any preferences, technical skills, ability to service requirement or specification that the ideal prospect must have; as knowledge of the Spanish language, company size, etc.:

Is there any specific company or companies interested to contact you? Or companies that want NO contacted? If so, please name them and specify:

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PARTICIPANT & TRAVEL REGISTRATION

Company will be represented by the following person(s):

Air Travel (Personal Data)

Participant 1:

Name as it appears in passport: _____

Date of Birth: _____

U.S. Passport: YES: _____ NO: _____

Cellular: _____

Emergency Contact (Name & Phone Number): _____

Participant 2:

Name as it appears in passport: _____

Date of Birth: _____

U.S. Passport: YES: _____ NO: _____

Cellular: _____

Emergency Contact (Name & Phone Number): _____

Hotel Accommodations:

Single Room (#): _____

Double Room (#): _____

***Notes: Let us know any special need?: _____



MIAMI FOREIGN TRADE ASSOCIATION, INC.
FLORIDA FOREIGN TRADE ASSOCIATION
1865 Brickell Avenue, Suite A2008
Miami, FL 33129
Phone: (305) 471-0737 – tradeusa@ffta.com

PROLOGITEC 2019 REGISTRATION

Company Delegate Cost:

Booth 3x3 mts2	\$ 5,105	EFI Reimbursement Grant: \$ 3,455
Booth 4x5 mts2	\$ 9,825	EFI Reimbursement Grant: \$ 7,500
Booth 5x5 mts2	\$11,675	EFI Reimbursement Grant: \$ 7,500

2nd. Participant:

Sharing Room	\$ 900
Separate Room	\$1,200

TOTAL: _____

PAYMENT WITH CREDIT CARD/PAYPAL: INFO@FFTA.COM

PAYMENT WITH CHECK

PAYMENT VIA WIRE TRANSFER:

BENEFICIARY Miami Foreign Trade Association, Inc. dba Florida Foreign Trade Association
1865 Brickell Avenue, Suite A2008, Miami, Florida 33129 - USA
Phone: (305) 471-0737 / (786) 200-7842 – Fax: (305) 471-7636
Sr. Rafael Puga, President
tradeusa@ffta.com – info@ffta.com

BANK: Eastern National Bank
7800 NW 25th Street, Suite 21, Doral, Florida 33122 - USA
Phone: (305) 470-2650

ABA NUMBER: 067002533

ACCOUNT # 6902050706



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CREDIT CARD AUTHORIZATION FORM

VIA PAYPAL: <mailto:INFO@FFTA.COM>

I, _____, authorize **Miami Foreign Trade Association, Inc. dba Florida Foreign Trade Association** to charge the amount of \$ _____

VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ / _____ Code: _____
 Month Year

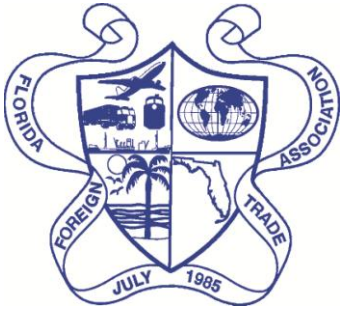
Credit Card Mailing address: _____

City: _____ Country: _____

Phone: _____ Cellular: _____

Signature

Date



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DISCLAIMER

Dear:

Please sign and fax this form back to (305)471-7636 or e-mail to tradeusa@ffta.com We must have one signed by each participant prior to departure. Thank you.

As a participant in the Trade Mission to:

PROLOGITEC 2019 GUAYAQUIL - ECUADOR

I do hereby:

1.- _____ agree to waive and release all claims against Enterprise Florida, TBL Group and the Florida Foreign Trade Association (FFTA), as well as agents, representatives, officers, board members and employees of the Association for an injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, strikes, acts of war or terrorism, inclement weather, sickness, quarantine, government restriction or regulations, or arising from any act of omission of any transportation carrier.

2.- _____ agree to release Enterprise Florida, TBL Group and FFTA, as well as agents, representatives and employees of the Association, and agree to indemnify them with regard to any financial obligations or liabilities I may personally incur or any damage or injury to other I may cause while participating in this Trade Mission.

3.- _____ understand Enterprise Florida, TBL Group and the FFTA will not provide on my behalf, any all-risk casualty, accident or liability insurance to cover death, personal injury, illness, property loss or property damage resulting from participation in this Trade Mission

Date

Company Name

Signature

Print name