First India-Commonwealth Trade Summit,

New Delhi on **30th - 31st May 2017**

**Nomination/Registration Form**

**Name of Company: …………….........................................................................................………………..............**

**Name of Representative: ……………………………...................................................................................................**

**Designation: …………..........................................................................…………...........……………………….........**

**Address: …………………………………………………………………………………….……………………..................**

**………………………………………………………………………………….……………………………………............…..**

**Telephone: ……………………………….………......… Fax No: …………………………………….....……….............**

**E-mail: …………………………………………..............**

**1) Brief Company Profile:**

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**2) I am interested in: (Select all that applies)**

* **Joint Ventures  Licensing Agreements**
* **Imports  Exports **
* **Partnerships  Investments **
* **Others **

**3) Sectoral B2B Meetings Platform {Please select sector (s)}**

**- Textiles and Clothing  - Gems and Jewellery **

**- Leather and Leather products  - Agro-processed products **

**- Packaging  - Information and Communication Technology **

**- Low-tech Machineries and Mechanical Appliances **

**4) Meeting Schedule (To be completed by Organisers)**

**B2B Session one (14:00-16:00)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Time** | **Meeting Request**  | **Remarks** |
|  | 14:00-14:30 |  |  |
|  | 14:30-15:00 |  |  |
|  | 15:00-15\_30 |  |  |
|  | 15:30-16;00 |  |  |

**B2B Session two (16:30-18:00)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Time** | **Meeting Request** | **Remarks** |
|  | 16:30-17:00 |  |  |
|  | 17:00-17:30 |  |  |
|  | 17:30-18:00 |  |  |

**Day 2 B2B Session three (10:00-12:30)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Time** | **Meeting Request** | **Remarks** |
|  | 10:00-10:30 |  |  |
|  | 10:30-11:00 |  |  |
|  | 11:00-11:30 |  |  |
|  | 11:30-12:00 |  |  |
|  | 12:00-12:30 |  |  |

**Signature of Participant: ……………………………………………...........Date: …………………………........................**

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**Please e-mail the completed form to Luisa Sala*; E-mail:*** ***l.sala@commonwealth.int*****copy-*r.banga@commonwealth.int***