

##### Chamber of Commerce Luxembourg – International Affairs

##### 

##### RETURN BEFORE September 1, 2015

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**Mission to Israel**

**October 24-28, 2015**

**Registration form**

**Participant-/ Company profile**

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | | |
| First Name: |  | Last Name: |  |
| Job title: |  | | |
| **Languages spoken:** |  | | |
| Address: |  | | |
| E-mail: |  | | |
| Tel.: |  | Cell phone: |  |
| Assistant’s Name: |  | | |
| Assistant’s email: |  | | |
| Company Website: |  | | |

Please describe your **main business activity** in 1 line:

**Hotel booking**

The Chamber of Commerce suggests you to book a room at the selected hotel (Mendeli Street Hotel). All transfers will be organised from this hotel and a special rate has been negociated. Each participant will be personally responsible for hotel reservations though. Every booking will have to be guaranteed by a credit card number.

|  |  |
| --- | --- |
| O | I will book the recommended hotel. |
| O | I will book other hotels than the ones suggested by the Chamber of Commerce. |

**Transport**

The Chamber of Commerce recommends you to book the following flights:

Luxembourg-Vienna-Tel Aviv:

OS70822V 24OCT 6 LUXVIE SS1 0655 0845

OS857V 24OCT 6 VIETLV SS1 1025 1455

Tel Aviv-Vienna-Luxembourg

OS858Q 28OCT 3 TLVVIE SS1 1610 1905

OS7085Q 28OCT 3 VIELUX SS1 2050 2235

Bus transfers are organised according to the proposed flights. Participants travelling on other flights will arrange their own transfers from and to the airport.

Each participant is personally responsible for his flight reservations.

|  |  |
| --- | --- |
| O | I will book the recommended flights. |
| O | I will book other flights than the ones suggested by the Chamber of Commerce. |

**Delegation Brochure**

The Chamber of Commerce will publish a brochure presenting all participants’ company profiles. The brochure will be published in **English.** Therefore, please provide us with the following information before **1 September 2015:**

|  |
| --- |
| Company description (max. +- 350 words) |
| Company’s logo (in high resolution) |
| Name, Job title (in English), company representatives’ photos (in high resolution) |
| Contact details (email/phone) |
| Website |

**Sector of activity (please select)**

|  |  |
| --- | --- |
| O | Automotive and e-mobility |
| O | Banking / Finance |
| O | Eco-construction & sustainable development |
| O | Eco-technologies, environment and renewable energies |
| O | Marketing & Communication |
| O | Machinery & mettalurgy |
| O | Lifescience & biotechnologies |
| O | Services to companies |
| O | ICT & e-commerce |
| O | Transport & logistics |
| O | Materials & production technologies |
| O | Tourism |
| O | Space technologies |
| O | Other. Please specifiy: |

**Type of your company**

|  |  |
| --- | --- |
| O | Innovative start up |
| O | SME |
| O | Big company (>250 employees) |
| O | Bank |
| O | Research institute |
| O | Public institution |
| O | Professional Chamber, Association, ... |
| O | University, School of higher education |
| O | Other business support association |
| O | Other. Please specifiy: |

**General purpose of my participation:**

|  |  |
| --- | --- |
| O | Exploratory informative mission |
| O | Export of my products |
| O | Import of new products |
| O | Look for new commercial partners |
| O | Look for new technological partner |
| O | Look for investment opportunities |
| O | (Partial) transfer of my production or of my services |
| O | Look for end customers |
| O | Other. Please specifiy: |

**Business contacts (matchmaking)**

Matchmaking sessions will be organised. In case of interest, please fill out the form below and return it before **1 September 2015** at the latest.

|  |  |  |
| --- | --- | --- |
| O | Herewith I confirm that I would like the Chamber of Commerce to organise individual meetings for me | |
| **Profile of contacts that I am looking for :** | | |
| O End customers | | O Commercial intermediaries (importers, distributors,…) |
| O Industrial partnership or co-operation | | O Manufacturing agreement (licence, patents) |
| O Partners for a joint-venture | | O Partners for technology transfer |
| O Other. Please specify: | | |
| **Specific companies that you would like to meet: Detailed description of the requested contacts** (if available, please indicate contact details: Company, name, surname, address, zip code, city, country, email address, phone number) | | |
|  | | |
| **Existing contacts or activities undertaken in Israel :** O Yes O No | | |
| If yes, please describe the activities or contacts (names) :  **Would you like to meet them during the trade mission?** O Yes O No | | |
| **Which activities would you like to develop in/with Israel?** (Main objectives of your participation: imports, exports, establishing a company, offering services…) | | |
|  | | |

Date: Signature/Company Stamp:

**N.B. In case of your cancellation after final registration the Chamber of Commerce will invoice you administrative costs amounting to 200.00 EUR per person.**