Registration form (*formulaire aussi disponible en français*) **TRADE MISSIONS**

**Network with specialists at the American border December 5, 2017**

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| **Contact information** | |
| **One form per participant please**  Membership number\*  Non-member  \* Your membership number is necessary in order to benefit from the member rate | |
| Mr.  Ms. First name | Last name: |
| Title: | Company: |
| Address: | Web site: |
| City: | Province: |
| Postal code: | E-mail: |
| Telephone: | Cellular: |
| Passeport number: |  |
| Your Quebec enterprise number (NEQ) :  If you don’t know it, please visit the enterprise register: <http://www.registreentreprises.gouv.qc.ca/en/a_propos/neq/default.aspx> | |
| Contact person in case of emergency  Mr.  Ms. Name: | |
| Telephone 1: Telephone 2: | |
| **Registration fees** | |
| **Member – Chamber of Commerce of Metropolitan Montreal** | **Non-member – Chamber of Commerce of Metropolitan Montreal** |
| $195 | $285 |
| **Member – mmode** | |
| $40\*  \* Financial contribution of the cluster mmode that allows us to offer this advantageous price. | |
| **Payment** | |

|  |  |
| --- | --- |
| American Express  MasterCard  Visa  Check\* |  |
| Card number: | Expiry date (mm/yy): |
| Cardholder’s name: | Card Security Code (CSC or CVV): |
| Signature: | A group of 3 digits located on the back of your card, to the right of the signature strip. On American Express cards, a group of 4 digits on the front towards the right. |
| \* Purchases of $500 or less require payment by credit card. For purchases of $500 or more, credit card accepted or check payable to: World Trade Centre Montréal, 380 St-Antoine St. West, Suite 6000, Montréal, Quebec H2Y 3X7 | |

**Return by email to:**   **For more information:**

**jclambert@ccmm.ca** 514-871-4002, ext. 6218

**Québec participants:** The costs of the trade mission are eligible as an expense under Bill 90 promoting corporate manpower training.

**Cancellation policy:** An administration fee of ten percent (10%) plus taxes, based upon registration fees, will apply to cancellations received before November 28, 2017. Cancellations received after this date will not be reimbursed.

**Payment policy:** The final payment must be received before November 28, 2017.

**Limits of liability:** The participant and the organization whom the participant represents hereby release the Chamber of Commerce of Metropolitan Montreal from any liability whatsoever, and they hereby waive any recourse, claim or legal action of any kind whatsoever, including, without limiting the generality of the foregoing, any recourse, claim or legal action relating to bodily injuries, material losses, illness, accident, hospitalisation, repatriation, problems with police or legal authorities, or legal actions, whether same result from a statement, act or behaviour of any kind whatsoever made or carried out by the participant before, during or after the trade mission.

The Chamber of Commerce of Metropolitan Montreal cannot be considered to have defaulted in the execution of their obligations should such execution be delayed, held back or prevented by force majeure. Force majeure includes all causes that are out of the parties’ control, that the parties could not reasonably have foreseen and against which they could not protect themselves, including but not limited to cases of accident, strike, partial or full work stoppage, lock-out, fire, natural disaster, riot, intervention by civil or military authorities, cooperation with any governmental authorities’ rules or instructions, and acts of war (declared or not)

##### **A. Enterprise information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | Address: | |  |
| Organization: | |  | | City: | |  |
| Title: |  | | | Postal code: | |  |
| Date of birth: | |  | | Citizenship: | |  |
| Phone: |  | | | Fax: | |  |
| Web site: | | | | E-mail: | |  |
| Person to contact in case of emergency: | | | Name: | | | Phone 1: | |
| Family ties: | | | Phone 2: | |
| **Participant passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

##### **B. Enterprise profile**

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| 1. Describe your business: |
| 2. What products or services do you currently export (or want to export) to the US? | | |
| 3. What type of organization do you represent?   * A private company * A government agency or ministry * An association * An economic development agency (SADC, CLD, etc.) * An academic institution * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4. In terms of number of employees, how large is your organization?   * 1 to 29 * 30 to 99 * 100 to 499 * 500 or more | | |
| 5. In terms of annual revenues, how large is your organization?   * Less than $500,000 * From $500,000 to $5 million * 5 to 25 million * 25 to 50 million * over 50 million * Not applicable | | |
| 6. What percentage of your organization’s activities is related to exporting? | | |
| * 0% * 1% to 10% * 11% to 25% * 26% to 50% * 50% or more | | |
| 7. Where do you currently export? | | |
| * United States (what percentage? \_\_\_\_\_\_\_\_\_\_\_\_\_) * Central America and the Caribbean * South America * Western Europe * Eastern and Central Europe * Oceania * Asia * Middle East * Africa * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 8. Are you certified C-TPAT?   * Yes * No   If not, within how many months would you like to obtain this certification?   * 3 months * 6 months * 1 year | | |
| 9. What would you like to learn more about?   * Incorporating a company in the U.S. * Getting our employees across the border * Product liability and insurance questions * Finding U.S. customers * Shipping any products out of the U.S. * Financing a U.S. operation * Distribution services * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 10. What other questions would you like to have answered? | | |