

Houston International Expo

REGISTRATION FORM

Please fill out form and either email it to us with your payment information to JENNIFER@SCDAILY.COM or mail your payment to the International Trade Center
c/o Houston International Expo
11122 Bellaire Blvd, Houston, TX 77072

Today's Date:		Office Phone:		Alternate Phone:		Fax:	
INFORMATION							
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Name:					
Company Name:							
Address:							
City:				State:		Zip:	
Website:				Email:			
Do you have any special needs you would like us to know about?							
I am interested in <input type="checkbox"/> Obtaining working capital <input type="checkbox"/> Assisting buyers obtain financing <input type="checkbox"/> Trade research <input type="checkbox"/> Finding international buyers <input type="checkbox"/> Investment							
TELL US ABOUT YOUR COMPANY							
Business Certifications: <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> MWBE <input type="checkbox"/> Federal <input type="checkbox"/> N/A				How many employees work for your organization? <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> Over 100			
If Federal please specify: <input type="checkbox"/> 8 (a) <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Small Business <input type="checkbox"/> HUB Zone <input type="checkbox"/> N/A							
My company is: <input type="checkbox"/> Woman owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Environmentally focused <input type="checkbox"/> N/A							
What markets do you serve? <input type="checkbox"/> North America <input type="checkbox"/> Central America <input type="checkbox"/> South America <input type="checkbox"/> Caribbean <input type="checkbox"/> North Africa/Middle East <input type="checkbox"/> Sub-Saharan Africa <input type="checkbox"/> Asia							
My company is a <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Service Provider <input type="checkbox"/> Other							
What types of products or services does your firm offer?							
Have you exported before? <input type="checkbox"/> Yes <input type="checkbox"/> No				What Country?			
Please indicate which one of the following payment terms your organization provides to foreign buyers: <input type="checkbox"/> Cash in advance <input type="checkbox"/> Open account <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Credit Card <input type="checkbox"/> Other							
What is your organization's annual sales volume? <input type="checkbox"/> Less than \$250M <input type="checkbox"/> \$251M - \$500M <input type="checkbox"/> \$501M - \$1 mil <input type="checkbox"/> Over \$1 mil <input type="checkbox"/> Over \$1 bil							
What is your annual export sales volume? <input type="checkbox"/> Less than \$250M <input type="checkbox"/> \$251M - \$500M <input type="checkbox"/> \$501M - \$1 mil <input type="checkbox"/> Over \$1 mil <input type="checkbox"/> Over \$1 bil							
<input type="checkbox"/> Yes I am interested in the B2B Matchmaking Sessions. My area/s of interest 1. 2.							
PAYMENT INFORMATION							
Please register me for the following:							
<input type="checkbox"/> \$500.00 Gala individual seat <input type="checkbox"/> \$300.00 for Full Conference Package including access to all events (excludes Gala) <input type="checkbox"/> \$2,500.00 for 1 booth at the Summit Expo <input type="checkbox"/> \$250.00 for participating in B2B matchmaking <input type="checkbox"/> I am unable to attend, please accept my donation							
My total commitment is \$							
<input type="checkbox"/> Payment via check enclosed. Please make check payable to International Trade Center and mail to International Trade Center c/o Houston International Expo 11110 Bellaire Blvd., Suite 200, Houston, TX 77072							
<input type="checkbox"/> Payment via credit card <input type="checkbox"/> Visa <input type="checkbox"/> Master card <input type="checkbox"/> American Express <input type="checkbox"/> Discover							
Credit card number:			Expiration Date:			Security Code:	
I authorize my credit card to be charged for the amount committed above. I understand that I am financially responsible for any balance due.							
Authorized Signature:							
Print Name:						Date:	