

COMPANY PROFILE			
Company Name *			
Establishment year		Turnover	
Website			
Contact person* (name and surname)			
Position/role *			
Direct e-mail *			
Telephone (fixed)			
Mobile phone *			
Participant's spoken language for business meetings *	<input type="radio"/> English <input type="radio"/> Italian		
Type of activity *	<input type="radio"/> Importer <input type="radio"/> Distributor <input type="radio"/> Wholesaler <input type="radio"/> Restaurant <input type="radio"/> Other:		
Your typical client *	<input type="radio"/> Delicatessen shop <input type="radio"/> Gourmet <input type="radio"/> GDO <input type="radio"/> HORECA <input type="radio"/> Restaurant <input type="radio"/> Catering <input type="radio"/> Other:		

On line Tasting

24 October 2022

Do you already import Italian products?	<input type="radio"/> Yes <input type="radio"/> No
Which tasting would you like to attend?	<input type="radio"/> Olive oil and balsamic vinegar <input type="radio"/> Wines

*compulsory field

Send to: info@italianchamber.nl possibly before 10 October 2022

Place and date: _____

Signature: _____