

Contact Information:

* Company Name _____

* Contact Person: (Mr. /Ms. /Mrs.) * Surname _____ * Name _____

* Title (Position Held in Company) _____

* Address _____

* City _____ Zip Code _____ * Country _____

* Telephone (country code) _____ City Code _____ No. _____

* Mobile (country code) _____ City Code _____ No. _____

Fax (country code) _____ City Code _____ No. _____

* Company Email _____ * Personal E-mail _____

* Website (If website is not available or under construction, kindly send us a complete portfolio about the company on the letter Head) _____

* Language Spoken: Arabic English French Other _____

Company Profile:

* Year of Establishment _____ * Number of Employees _____

* Annual Turnover US \$ _____ Annual Value of imports (in US\$) _____

Countries currently buying from: _____

*** Type of Activity (please select all that applies):**

Architecture/ Interior Design Chain Stores Discount Stores Importer

Department Stores Manufacturer Retailer Buying group

Showroom (s) Owner Wholesaler/ Distributor Specifier Contractor

Hotel representative Agent Trade Association

Contract Project Supply (Hotels, Offices, ect.) Others (please specify): _____

*** If applicable, how many outlets do you operate (chain stores, showrooms, etc.)?**

*** Style of Furniture**

Antique Reproduction Classic Modern Contemporary

Ethnic Others (please specify): _____

*** Type of Collection**

Educational Outdoor Public Areas Restaurant Wooden flooring

Kitchens Conference Office Hotel Metal

Upholstered Chairs & Sofas Medical Non Upholstered Chairs Modular furniture

Residential (bedrooms, dining rooms) Customized (please specify): _____

Others: _____

Stamp and Signature _____

Date

Organized by



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In Cooperation with

