FRANCHISE EXPO

REGISTRAIUN

VISITORS REGISTRATION FORM

Le ROYAL MERIDIEN

ABU DHABI 22nd Feb 2024



VISITORS REGISTRATION FORM

1. Your Company Information

*Company Name								
*Company Website	Country/Region							
*Contact Person	ontact Person		□Male	□Female				
*Job Title		E-mail:						
*Tel:		Fax:						
2. How do you know Gulf Franchise Expo?								
□Sales Brochure □E-mail	□Magazi	ne & Newspaper	□Friend					
□Invitation from exhibitor □Website □Others:								
3. Your purpose of attending :								
□General Interest								
□Look for Buying Franchise								
□Find suppliers								
□ Owner of a Franchise Brand								
□ Attend Conferences								
□Collect industry information								
□ Consultant								
□Others Specify								
:								
4. Categories you are interested in:								
□ Restaurants								
□ Education								
☐ Health and Beauty								
□ Fashion								
□ Services								



☐ Fitness		
☐ Training		
□ Others Specify		

Visitor List

Sr. No	Visitor Name	Job Title	E-mail	TEL/HP

Agreement with the use of personal data in the database of visitors
I agree with adding my personal data to the database of visitors and sending of expert information