**Buyer Profile Form**

**MEDICA 2016, 14th-17th November**

Please ensure when submitting your application form that you attach **a high resolution headshot image** of the Buyer attending the event. Content provided in this form will be used in event collateral such as online 1-2-1 booking web pages and in brochure.

**Deadline: All forms to be submitted on or before Friday 9 September**

|  |  |
| --- | --- |
| **Event Date:**  14th-17th November 2016 | **Event Location:**  Düsseldorf, Germany |

|  |  |
| --- | --- |
| **First Name:** | Click here to enter text. |
| **Surname:** | Click here to enter text. |
| **Job Title:** | Click here to enter text. |
| **Company Name** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Postcode:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. |
| **Mobile (to be used during the event):** | Click here to enter text. |
| **Email:** | Click here to enter text. |

**Your profile**

*Please include information related to your role. You must also include country information – include details about your market and/or sector and details about key services and products. Is this sector a key priority for your market? What is the estimated annual spend? If a growing market include details on why. Include key areas of particular growth and opportunities of your country’s market.*

|  |
| --- |
| Click here to enter text. |

*Please note that if your application is successful, the information you have provided will be used to showcase your company and your business objectives to the UK participants. Please ensure that this information is accurate and complete – this will help to make sure that 1-2-1 meetings are appropriate and specific.*

**Your availability**

MEDICA 2016 takes place on **14th-17th November 2016**. *We expect you to participate in all aspects of the event, however please indicate below if there are any times you will be unavailable:*

|  |
| --- |
| Click here to enter text. |

**Hotel and registration requirements**

*DIT will cover the cost of four nights B&B for one delegate from each company at the* [**Hotel Plaza**](http://www.hotel-plaza.de/)*. Check in will be Sunday 13th November, with check out on Thursday 17th November 2016.*

*These rooms have already been held.*

*Please note: you will be liable for any hotel charges for late cancellation/non-arrival, additional accommodation, room extras, travel, flights or subsistence. All other room charges, such as room service costs, are to be settled on departure.*

**Hotel Check-in date:** *Sunday 13th November 2016*

**Hotel Check-out date:** *Thursday 17th November 2016*

*Total no of nights required: Four*

*If you wish to extend / reduce your stay – please amend the above. (You will be responsible for payment of additional nights)*

**Declaration**

**I have read and agree the terms of commitment below**  ☐

*Terms of Commitment*

*• I agree to attend the meetings at DIT Session on* ***14-17th November 2016***

*• I agree to attend any official networking events*

*• I agree to provide feedback to Department of International Trade*

*Thank you for completing this nomination form. Department of International Trade will be in contact to confirm the status of your application.*