



Before 1st Oct.2007

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Registration Form

(For foreign buyer)

Name	First name		Last name	
Company				
Department				
Title				
Country				
Address				
Tel		Fax		
E-mail				
Type of business	<input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Flower Processing Company <input type="checkbox"/> Importer/Exporter <input type="checkbox"/> Auction Market <input type="checkbox"/> Grower/Breeder/Agricultural Cooperative <input type="checkbox"/> Landscaper <input type="checkbox"/> Others			

Please complete form and sent by fax or e-mail. Your request will be processed and only qualified applicant will receive invitation ticket. All registrant will be put on our mailing list to receive information on exhibitions by organizer committee.

Date		Representative	_____ Signature
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