**Registration Form**

**Company**

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| Website |  |
| Number of years in business in Brazil |  |
| Number of employees |  |
| International markets where company is currently active |  |
| Brief company description to be publicly shared on mission documents |  |

**Participant (s)**

|  |  |
| --- | --- |
| Full Name |  |
| Title |  |
| Phone number |  |
| Email address |  |

|  |  |
| --- | --- |
| Full Name |  |
| Title |  |
| Phone number |  |
| Email address |  |

**If you are the person responsible for registering your organization, but you will not be the one representing it during the mission to Canada, please provide us with your contact information:**

|  |  |
| --- | --- |
| Full Name |  |
| Title |  |
| Phone number |  |
| Email address |  |

**SOLUTION**

|  |  |
| --- | --- |
| What is your solution? |  |
| What kind of company do you want to meet in Canada? |  |
| What kind of project do you wish to develop with a Canadian partner (commercial, R&D, etc)? |  |
| Are you looking into investing abroad? |  |

**QUESTIONS / ADDITIONAL COMMENTS**

|  |
| --- |
|  |

**IMPORTANT INFORMATION**All Brazilian passport holders require a visa to enter Canada. Please refer to the official Canadian Government website for more details: <http://www.cic.gc.ca/english/helpcentre/answer.asp?qnum=1097&top=16>. The Consulate General of Canada in São Paulo will provide to all participants a support letter to be presented when applying for the Canadian Visa.

The program consists of a series of activities in Canada from April 30th to May 07th. Participant confirms his/her attendance for the full duration of the mission.

Upon completion of each B2B meeting, the participant agrees to answer a questionnaire for the purpose of providing feedback regarding the effectiveness of the meeting and the actual potential for a R&D or business partnership that resulted or will result in part from the meeting and the overall program.

**I would like to take part in the Brazilian IoT & BDA Mission to Canada:   
YES ( ) NO ( )**

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Signature\* |  | Date |  |
| Title |  | | |

*\*I have the authority to bind the company represented in this application.*

* *Please complete and return this registration form (Word and scanned versions) to* [*SheilaDantas.Santos@international.gc.ca*](mailto:SheilaDantas.Santos@international.gc.ca)*. Thank you!*