

# TRADE-USA

Trade Mission from the Caribbean Region to South Florida

June 27 – July 1, 2010

## PARTICIPATION CONTRACT

Company Name: \_\_\_\_\_

Representative (s) Name (s) and Title:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cel: \_\_\_\_\_

Cost of Participation	Amount	Total
Company with 1 Representative \$ 1,850		
Additional Representative sharing room (spouses or executives) \$ 450 SINGLE BED _____ DOUBLE BED _____		
Additional Representative in a SEPARATE ROOM \$ 1,150		
<b>TOTAL</b>		

**REGISTRATION DEADLINE:** The registrations and payments must be received by **May 21, 2010.**

FLORIDA FOREIGN TRADE ASSOCIATION

2335 NW 107th. Avenue, Suite 2M30, Box # 28, Miami, FL 33172

e-mail: [info@ffa.com](mailto:info@ffa.com) / web: [www.ffa.com](http://www.ffa.com)

Phone: 305.471.0737/ Fax: 305.471.7636 Toll Free # 1.800.823.5714

**Cost of Participation includes:**

- One-on-One Business Appointments: 9 to 12 or more depending on the product.
- Orientation seminar with topics for importers and exporters such as: How To Do Business with US companies; Financing Imports and Exports; Freight Consolidations; Legal Considerations for Buyers and Sellers, etc.
- 5 days – 4 nights at Hotel, Miami and 2<sup>nd</sup>. City in the State of Florida (Proposed city: City of Hollywood, Broward)
- 4 breakfasts
- 3 luncheons
- 4 coffee breaks
- 1 welcome reception and
- 1 dinner
- Transfers from/to airport/hotel
- Transfers from/to other cities in the State of Florida

**Notes:** The cost of participation does not include airline ticket.

**DISCLAIMER**

*Please sign and fax this form back to (305) 471.7636. We must have one signed by each participant prior to departure. Thank you.*

*As a participant in the Trade Mission to Florida, I do hereby:*

*1.- \_\_\_\_\_ agree to waive and release all claims against the Florida Foreign Trade Association (FFTA), as well as agents, representatives, officers, board members and employees of the Association for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, strikes, acts of war or terrorism, inclement weather, sickness, quarantine, government restriction or regulations, or arising from any act of omission of any transportation carrier.*

*2.- \_\_\_\_\_ agree to release FFTA, as well as agents, representatives and employees of the Association, and agree to indemnify them with regard to any financial obligations or liabilities I may personally incur or any damage or injury to other I may cause while participating in this Trade Mission.*

*3.- \_\_\_\_\_ understand the FFTA will not provide on my behalf, any all-risk casualty, accident or liability insurance to cover death, personal injury, illness, property loss or property damage resulting from participation in this Trade Mission.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

## BANK WIRE TRANSFERS:

Bank Account: Florida Foreign Trade Association

Bank Name: Eastern National Bank

Phone: 305-470-2650 – Fax: 305-470-2651

Account #: 6901918506

Route #: 067002533

SWIFT: ENBKUS3M

**Note: If payment is made through a credit card a 4% will be added to the price for processing fees**

## CREDIT CARD AUTHORIZATION

I/We authorize the Florida Foreign Trade Association to charge my credit card as follows:

Amount: \_\_\_\_\_

For: \_\_\_\_\_

Company: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_

Signature: \_\_\_\_\_