

DECEMBER 2012 INVESTMENT CONFERENCE REGISTRATION FORM

ቅጥረ ምዝገባ የዕለ ጠፍሪ

Fill and return form to:

Email embassyeritrea@embassyeritrea.org

Fax: 202 354 4789

If you have any questions or need more information, please call: Tel: 202 588 7598.

ዕለት: _____
Date: _____

1. ቦታ ምዝገባ(Registration Location): _____

2. ሙሉ ስም (Full Name): _____

3. ቁ.ወ.መ (ER-ID #): _____

4. ቁ. ፖስፖርት (Passport #): _____

5. አድራሻ (Mailing Address): _____
City: _____ State: _____ Zip Code: _____
Tele: _____ Fax _____ Mobile. _____
Email: _____
Alternate Email: _____

6. ዘገድ ሰካ/ኪ. ዓውዲ/ጽላት (Field of interest):
አብነት (እርሻ ፣ አ.ንዱስትሪ ፣ ትሪዝም ፣ ዕደና ፣ ህንጻ ወዘተ...) Example (Agriculture Industry Tourism Mining Construction etc)

7. ወ. ተሰታፍነት ክም (Participating as): _____
(ወ.ልቀ ሰብ፣ ማህበር፣ ኩባንያ/ Private Organization Company)

ተወሳኪ ርእይቶች /ላሳባት/Additional comments/ideas:

*የዕለ ካብ 17 – 18 ታሕሳስ አብ አስመራ ኪካየድ’ዩ።