Export promotion workshops

**“Advanced Export Practice and Trade Finance Training for SMEs”**

Participant Application Form

**Participant information**

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| --- | --- |
| Participant name (full) |  |
| Participant job title |  |

**Company details:**

|  |  |
| --- | --- |
| Full enterprise name: |  |
| Address: |  |
| Tel: |  | Fax: |  |
| E-mail: |  | Website: |  |
| Name of Director: |  | Business Sector/short business description: |  |
| Year of establishment: |  | Annual Turnover (EUR): |  |

**Education:**

|  |  |  |
| --- | --- | --- |
| Dates | Institution | Qualification |
|  |  |  |
|  |  |  |

**Describe your business, product or service**

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**Export Experience (if any – company or any of your key managers):**

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**Understanding your export challenges (expectations of the course)**

**What are the most important challenges/constraints you face with regard to exporting?**

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**What are the main knowledge gaps in your business with respect to exporting?**

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**What additional skills do you need in your business to succeed in export markets?**

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**What do you expect to achieve from the course?**

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**Other applicable information**

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| --- |
| How did you learn about the course?   |
| 🞎 Website | 🞎 Consultant |
| 🞎 Previous client | 🞎 Visibility event |
| 🞎 EBRD resident office | 🞎 Our team |
| 🞎 Other (please specify)………………………………………............................................................... |

**Date: Signature: Signed by:\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_**

*Disclaimer: If you submit information or data (“Your Submissions”) as part of this application, the EBRD will retain a copy of Your Submissions. The EBRD will keep Your Submissions confidential and will not intentionally disclose any of Your Submissions to any third parties unless it is required to do so by any applicable law.*