

Armenia – Canada Chamber of Commerce

1. Corporate Information

Company Name: _____
Address: _____
City _____ Province _____ Postal Code _____
Telephone () _____ Fax () _____
Website: http://www. _____
E-mail: _____
Preference of correspondence: English French

2. Primary Contact

Mr. Mrs. Ms. Dr.

Name _____ Title _____
Address _____
City _____ Province _____ Postal Code _____
Telephone () _____ Fax () _____
E-mail: _____
Preference of correspondence: English French

3. Invoice Recipient

Mr. Mrs. Ms. Dr.

Name _____ Title _____
Address _____
City _____ Province _____ Postal Code _____
Telephone () _____ Fax () _____
E-mail: _____
Preference of correspondence: English French

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4. Areas of Interest

Agriculture	Energy	Investment
Arts	Financing / Banking	IT
Canada-Armenia Relations	Health	Natural Resources
Construction	Human Resources / Labour	Privacy
Culture	Immigration Policy	Real Estate
Economic Policy	Intellectual Property Protection	Science and Technology
Education / Skills	International Affairs	Taxation Policy
Electronic Commerce	International Trade	Telecommunications
Environment	Internet	Transportation

Other areas of policy interest:

Top countries your company does business in:

5. Officers of Company:

List the two highest-ranking company officials to be contacted:

Mr. Mrs. Ms. Dr.

Name Title

Address

City Province Postal Code

Telephone () Fax ()

E-mail:

Preference of correspondence: English French

Mr. Mrs. Ms. Dr.

Name Title

Address

City Province Postal Code

Telephone () Fax ()

E-mail:

Preference of correspondence: English French

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6. Type of Business:

Agriculture	Energy	Oil and Gas
Arts	Finance / Insurance	Real Estate
Business Services (incl. Law)	Food / Beverage	Resource Based
Communication	Health / Social Services	Retail Trade
Computer / Software	High Technology	Science and Technology
Construction	Logging / Forestry	Transportation / Storage
Education	Manufacturing	Wholesale Trade
Environment	Investment	

Other type of business: _____

7. Membership Investment:

Annual Investment: _____

_____ Taxes for Province of Quebec

_____ Taxes for the rest of Canada

_____ Taxes for international companies

Total: _____

Invoice me

Cheque attached

Visa

MC

Amex

Diner's Club

Credit Card No. _____

Expiry Date: _____

Name/Title _____

Telephone () _____

Cardholder's Signature _____

8. I would like more information on:

Armenia-Canada Chamber of Commerce

Advertising Opportunities

ACCC's event sponsorship opportunities

International Business Leaders Round Tables

Products and Services

Membership benefits

Access codes to the ACCC's web-site

Specialized publications

Signature of the authorized official of company: _____

Armenia – Canada Chamber of Commerce

Any personal information provided on the attached form will be used by Armenia-Canada Chamber of commerce, as set out in our Privacy Policy, to conduct the transaction indicated on this form. Please consult our Privacy Policy, available on-line at www.armcanchamber.com or contact our office at privacy@armcanchamber.com or + 1 514 4991686

Thank you for filling out this form.

Please send it to our office:

1410 Stanley St., Suite 415, Montreal, QC, H3A1P8, Canada