



PowerTrends 2017

VISITOR'S REGISTRATION FORM (Admission for Trade only)

COMPANY _____

ADDRESS _____

NAME _____ DESIGNATION _____

TEL _____ FAX _____ E-MAIL _____

FOR ALL QUESTIONS, PLEASE TICK AS MANY BOXES AS APPLICABLE:

A. What is your organization's main activity?

- | | |
|--|---|
| <input type="checkbox"/> Power Generation (Operator/Developer) | <input type="checkbox"/> Agent/wholesaler/distributor |
| <input type="checkbox"/> Electric Distribution Utility | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Architectural Practice | <input type="checkbox"/> Consultancy & Planning |
| <input type="checkbox"/> Others _____ | |

B. Please check your product interest:

- | | |
|--|---|
| <input type="checkbox"/> Power Generation | <input type="checkbox"/> Consultancy and Services |
| <input type="checkbox"/> Distribution Technology | <input type="checkbox"/> Equipment & Supplies |
| <input type="checkbox"/> Transmission Technology | <input type="checkbox"/> Energy Management |
| <input type="checkbox"/> Oil and Gas | <input type="checkbox"/> Logistics and Storage |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Lighting Technology |
| <input type="checkbox"/> Renewable Energy | |

C. What is the purpose of your visit?

- | | |
|--|---|
| <input type="checkbox"/> Evaluate future participation | <input type="checkbox"/> Look for new suppliers |
| <input type="checkbox"/> Seek Representatives | <input type="checkbox"/> Place Orders |
| <input type="checkbox"/> Gather Information | <input type="checkbox"/> Make Contacts |
| <input type="checkbox"/> Seek Joint Venture Partners | <input type="checkbox"/> Others _____ |

D. How did you find out about this event?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Internet | <input type="checkbox"/> From Associates/Suppliers |
| <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> Others _____ |

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