



مجلس الاعمال السعودي الامريكي  
U.S.-Saudi Arabian Business Council

**APPLICATION FOR  
MEDICAL AND ICT BUSINESS DEVELOPMENT MISSION TO SAUDI ARABIA  
OCTOBER 4-10, 2010**

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

**Name/Title of Company executive(s) traveling on Mission:**  
\_\_\_\_\_

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

**Tel.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Company Description:**

**Product/Service Description:**

**Has the Company exported before?** \_\_\_Yes \_\_\_No

If yes, please provide the names of the countries to which you exported and the approximate dollar value of the Company's worldwide exports.

**Number of employees:** \_\_\_\_\_

**Company's Objectives for the Mission:**

**Types of Saudi Companies with whom meetings are desired:**

**Additional Requirements:**

The U.S.-Saudi Arabian Business Council (USSABC) reserves the right to decline an application from any company whose participation is deemed inappropriate to the interests of the Business Council or the mission objectives. Companies may also not be accepted if the Business Council concludes that Saudi Arabia is not a viable market for the company's products or services.

I fully accept and assume all risks and all responsibility for losses, costs, and damages I incur as a result of my participation in this business development mission, and hereby release the USSABC from any liability.

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

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

**Payment policy:**

Please send your completed application form along with your payment information. Payment must be received in the form of corporate check or corporate credit card. In order to be confirmed as a participant, payment in full must be received by the USSABC. If you must cancel for any reason, your application fee will be refunded up to 15 days prior to the actual event.

The participation fee for the Mission will be \$1,500 per firm for one company representative. The fee for each additional representative is \$500. The option to participate in the Mission is also being offered to U.S.-based firms in Saudi Arabia or the region; the same fee structure applies. Expenses for travel, lodging, and incidentals will be the responsibility of each mission participant.

**Application Deadline: August 20, 2010**

Please direct completed applications, payment forms and additional questions to **Ana Carmen Neboisa** at [anacarmen@us-sabc.org](mailto:anacarmen@us-sabc.org).



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Amount due:  \$1,500 (one participant)  
 \$500 for one additional participant

Check

Enclosed

Credit Card

American Express  Master Card  Visa  Discover

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

**Business Visa Information**

I **will** need a visa. Please send me the visa application documents.

I **will not** need a visa.