

Request form for potential partners

Company Profile

Company Name _____
Company Address _____
Telephone _____
Mobile _____
Fax _____
E-mail _____
Corporate website _____
Product/services Segments _____
of years in business _____
Annual Turnover (€) _____
Employees (total) _____

Structure

Owner: _____
General Manager: _____
Business Development Manager: _____
International Marketing Manager: _____

Current Co-operations

List of companies you currently represent:

1. _____
2. _____
3. _____
4. _____
5. _____

In licensing opportunities

What Lavipharm products are you interested in? _____

Out licensing opportunities

What products would you like to co-operate in Greece? _____

Other _____

