



COMPANY REGISTRATION FORM

2025 Southeast United States - Canadian Provinces (SEUS-CP) Conference –
Saint John, New Brunswick – June 8-10, 2025

The information provided in this section will be included in the Directory of Participants and used by the consultant to arrange business meetings for your company. We strongly recommend you provide as much detail as possible so that our team can effectively help you achieve your company's objectives for this event.

Company Name:

Address:

Telephone number:
(include area code)

Website:

Type of company (check all that apply)

Small or medium-sized enterprise

Large enterprise

Manufacturer

Service provider

Research Institute

Educational Institution

Under 40 entrepreneurs

Aboriginal-owned (51%)

Women-owned (51%)

Other:

Sector (please specify)

Aerospace and Defence

AgriFood

Bioscience/Life Sciences

Clean Technology or Renewable Energy

Creative or Cultural Industries

Educational Institution

Fisheries or Aquaculture

Information and Communications Technology

Manufacturing or Processing

Professional Services

Retail

Other:

Describe the products and/or services your company intends to promote during this trade activity.

Identify your company's longer-term objective(s) for this market.

Finding a sales representative/distributor/agent

Finding investment opportunities

Finding joint venture, technology partner(s)

Exposure to new business prospects

Product testing/market research

Immediate export sales

Build on existing relationships

Labor recruitment

Other: _____

Elaborate on the objective(s) you have identified above

Are there other markets globally that you wish to pursue? (If yes, please specify)

What are your company's main objectives on this event?

COMPANY PROFILE

Please provide a detailed description of the business's activities - please attach with payment.

(The information you provide in will be published in the Directory of Participants)

Example: Your business description, activities, products and/or services, goals, objectives, etc... which you would like to promote during this event.

PARTICIPANT INFORMATION (Maximum 2 participants per company)

Participant 1:

First name:

Family name:

Business title/Occupation:

Mailing address of participant:
(if different than headquarters):

Telephone number:
(with area code)

Cell number:
(with area code)

Contact number during event
(if different from cell):

Email:

Emergency Contact Information:

Name:

Phone number:
(with area code)

Email:

Participant 2:

First name:

Family name:

Business title/Occupation:

Mailing address of participant:
(if different than headquarters):

Telephone number:
(with area code)

Cell number:
(with area code)

Contact number during event
(if different from cell):

Email:

Emergency Contact Information:

Name:

Phone number:
(with area code)

Email:

REGISTRATION INFORMATION:

Registration Fee: \$450.00

Please send your completed registration form, company profile page, and cheque to:

Innovation PEI
c/o Bonnie MacDonald - Director, Global
Trade Services
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