



**Jay Malina International Trade Consortium (ITC)
Sister Cities Program Goodwill Mission to
TENERIFE, CANARY ISLANDS, KINGDOM OF SPAIN
January 19th through 24th, 2008**

Honorable Natacha Seijas
ITC Chair

Honorable Rebeca Sosa
Tenerife Committee
Honorary Chair

November 13, 2007

Dear friends:

I invite you to join Commissioners Natacha Seijas and Rebeca Sosa, and Sister Cities Coordinating Council Chair Shelly Smith Fano, on a cultural, educational and business development mission to the Cabildo of Tenerife in Spain's Canary Islands from January 19 - 24, 2008.

Miami-Dade County and Tenerife are celebrating 15 years of a Sister Cities affiliation. The purpose of the mission is to highlight our existing strong relationship with Tenerife, and to explore new ways to increase bilateral relations that can result in new opportunities for the mutual benefit of the residents of our two communities.

The existing relationship between Miami-Dade County and Tenerife has been so active and productive over the years because of the many similarities we share. In addition to having a favorable climate that attracts visitors from all over the world, we each have an airport and a seaport used as key trans-shipment points for international markets. We also share a cultural bond that is a result of a common ancestry, as many residents of Miami-Dade County trace their family heritage to the Canary Islands.

While in Tenerife, we will be meeting with high-level representatives of government, economic development, cultural, and educational institutions. We have worked with our partners in Tenerife to develop an exciting agenda that will allow participants to make the most of their visit there.

Please complete Parts I, II, and III of the attached forms and return to our office with your payment by December 13, 2007. We look forward to having you join us on January 19, 2008.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Ojeda".

J.A Ojeda, Jr
ITC Executive Director



Part I

PARTICIPANT REGISTRATION FORM

PLEASE COMPLETE PARTS I, II, AND III AND RETURN WITH YOUR PAYMENT AS INDICATED BELOW

PERSONAL INFORMATION

First Name: _____ Last Name: _____
[As Appears on Passport]

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ E-Mail: _____

Indicate Any Special Needs: _____

Passport Number: _____

TERMS AND CONDITIONS FOR MISSION PARTICIPANTS

PLEASE SIGN, DATE, AND RETURN WITH PAYMENT

- Space for this mission is on a first-come-first served basis, and the number of participants is limited to no more than **20 persons**. ITC cannot guarantee quoted mission prices beyond 20 participants.
- Registration, hotel, and airfare costs are non-refundable and non-transferable.
- To ensure that ITC meets its contractual obligation with Iberia airlines and the Mencey Hotel, an **additional \$250 registration fee** will be charged to mission participants who arrange separate hotel accommodations and/or air travel.
- Only registered participants will be able to obtain the negotiated prices at the Mencey Hotel, and ITC will provide the names of participants staying at the hotel.
- Registration deadline is December 13th, 2007. ITC cannot guarantee airfare, hotel costs, or availability beyond December 13th. **A late registration fee of \$150 will be charged after December 13th.**
- Registration fees include additional charges that may be incurred to defray airline fuel surcharges, and possible future fluctuations of the U.S. dollar against the Euro for mission expenses in Tenerife.

I accept the terms and conditions:

Printed Name: _____ Signature: _____

Date: _____

Your signing of this registration binds you to all of the terms and requirements of this mission. ITC reserves the right of cancellation and the right to change the mission program or itinerary, based on unforeseen circumstances. Participants agree, at all times and hereafter, to hold harmless and indemnify the ITC, it's staff, board of directors, contributing organizations, sponsors, agents, affiliates, and volunteers from errors, omissions, or actions that may result from the Sister Cities Goodwill Mission to Tenerife, January 19th thru 24th, 2007.



Part II

ITEMIZED CHARGES

Name of Participant _____

	COST	PARTICIPANT'S COST
AIRFARE		
(CHOOSE ONE): Economy Class Round-trip Airfare Per Person including taxes with deviations allowed on the return <i>[Miami-Madrid-Tenerife-Madrid-Miami]</i>	\$912	
Business Class Round Trip Airfare <i>[Miami-Madrid-Tenerife-Madrid-Miami]</i> Miami-Dade County does not allow purchase of Business Class tickets with County funds.	\$4100	
<i>Indicate Preferred Seating - <input type="checkbox"/> Aisle <input type="checkbox"/> Window <input type="checkbox"/> Exit Row</i>		
A. TOTAL AIRFARE		
LODGING		
Single Occupancy <i>[Includes room and all applicable taxes with breakfast]</i> \$174 per room x 4 nights [January 20-23, 2008]	\$696	
Double Occupancy (per participant) <i>[Includes room and all applicable taxes with breakfast]</i> \$174 per room x 4 nights [January 20-23, 2008] including breakfast. For those Participants sharing a room, please indicate here the name of the other person below. Name: _____	\$408	
B. TOTAL LODGING		
REGISTRATION		
<ul style="list-style-type: none"> • Basic Registration per participant (Includes group transportation, one farewell dinner, room rental for mission event, unexpected expenses associated with Euro currency fluctuations and administrative costs.) 	\$500	
<ul style="list-style-type: none"> • Late Registration per participant For those registering after December 13th, 2007 (Payable in addition to Basic Registration) 	\$150	
<ul style="list-style-type: none"> • Registration per participant making alternative air and/or lodging arrangements (Payable in addition to Basic Registration) 	\$250	
C. TOTAL REGISTRATION		
GRAND TOTAL [A + B + C]		\$

TO REGISTER PLEASE FILL OUT THIS FORM, [ONE PER PERSON] DETACH, AND RETURN WITH FULL PAYMENT BY CHECK TO: Miami-Dade County Sister Cities Program/Tenerife. C/O Jay Malina International Trade Consortium, 111 NW First Street, 25th Floor, Suite 2560, Miami, FL 33128. TEL: 305-375-5420; FAX: 305-372-6111.

METHOD OF PAYMENT Check # _____



Part III

PARTICIPANT PROFILE

PERSONAL INFORMATION

First Name: _____ Last Name: _____
[As Appears on Passport]

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ E-Mail: _____

Indicate Any Special Needs: _____

Passport Number: _____

COMPANY/ORGANIZATIONAL PROFILE

Name of Organization/Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Website: _____

Year Established: _____ Number of Employees: _____

INDUSTRY SECTOR [Please check the sector that applies]

- Agriculture
- Restaurant/Hotel/Tourism
- Information Technology Systems
- Other: _____
- Transportation
- Industrial Equipment
- Construction Materials

PRODUCT / SERVICES DESCRIPTION [Give a brief description of your products or services]:

STATE YOUR PRIMARY OBJECTIVE FOR PARTICIPATING IN THIS MISSION:

INDICATE TYPES OF COMPANIES YOU WISH TO MEET:

IMPORTANT!

Please attach a half-page biographical information and a recent passport-sized photograph.
This information will be used for the mission brochure.