August 27, 2009

Dear Business Associate:

We are delighted to invite you to participate in a multi-sector Business Development Mission to Dakar, Senegal, and the cities of Cape Town and Johannesburg, South Africa October 16 to 27, 2009. Dakar is a symbol of a modern and vibrant African city that has become a transportation hub and gateway to West Africa, with some of the best transportation and telecommunications infrastructure in the region. South Africa is one of the most sophisticated and promising emerging markets globally with the unique combination of a highly developed first-world economic infrastructure and a huge emergent market economy. South Africa is poised to host the 2010 Soccer World Cup, the world’s largest sporting event. Numerous business opportunities abound for U.S. companies in these African markets.

This mission is jointly organized by the Jay Malina International Trade Consortium (ITC) and Enterprise Florida, Inc. The purpose of the mission is to promote Florida’s economic advantages, and also to promote Miami-Dade County as a Global Gateway and platform for international trade. The mission will also explore ways to increase bilateral trade, business linkages, and cultural understanding with these countries.

Over the years government representatives and business delegations from Florida have exchanged reciprocal visits with their Senegalese and South African counterparts which have resulted in the signing of International Sister Seaport partnerships between the Port of Miami and the Ports of Dakar (1999), Durban (2005), and Cape Town (2005). Also, Miami International Airport continues to engage in high level talks with executives of South African Airways for expansion of direct air routes destinations. In January, 2009, the Miami-Dade Board of County Commissioners (BCC) and the Office of the Mayor of Dakar approved a Sister Cities affiliation between both communities. The BCC and the Council of the City of Cape Town also approved a Sister City affiliation between Miami-Dade County and Cape Town.

We are continuing our efforts to ensure that South Florida’s economy remains competitive, strong and vibrant through expanded economic opportunities at home and abroad for our local businesses and entrepreneurs. During the mission participants will meet with high level government officials, receive trade briefings, participate in business-to-business matchmaking meetings, and network with businesses and representatives of chambers of commerce.

We are certain the mission will be worthwhile for you and for your organization, and we look forward to having you join us on October 16th.

Sincerely,

Audrey Edmonson
Miami-Dade County Commissioner

J. A. Ojeda, Jr.
ITC Executive Director
BUSINESS DEVELOPMENT MISSION
DAKAR, CAPE TOWN & JOHANNESBURG
OCTOBER 16 - 27, 2009
REGISTRATION DEADLINE IS FRIDAY, SEPTEMBER 18, 2009

Funding for this mission is provided in part by Enterprise Florida, Inc.

STANDARD PACKAGE INCLUDES

ITINERARY
• Oct. 16, 2009 mission departs from any city in FL to Washington D.C., continuing to Dakar.
• Oct. 21, 2009 mission departs from Dakar to Cape Town.
• Oct. 25, 2009 mission departs from Cape Town to Johannesburg.
• Oct. 27, 2009 mission departs from Johannesburg to Washington D.C., and to any city in FL.

LODGING
• 4 nights hotel lodging in Dakar with breakfast [October 17 - 21, 2009]
• 4 nights hotel lodging in Cape Town with breakfast [October 21 - 25, 2009]
• 2 nights hotel lodging in Johannesburg with breakfast [October 25 - 27, 2009]

GROUND TRANSPORTATION
• Airport transfers
• Transfers from hotels to official venues.

OFFICIAL MEETINGS
• Official meetings with high level government officials
• In-country briefings by U.S. Foreign Commercial Service
• Business-to-Business meetings
• Translation services
• Networking receptions

For entry requirements into Senegal and South Africa, United States citizens must have a valid passport with more than one blank page and a roundtrip ticket. Visas will be issued upon arrival at the port of entry. The currencies for Senegal and South Africa are the CFA and Rand, respectively.

VACCINATION
Participants are advised to consult with their physician to obtain all necessary inoculations prior to departure. For general information about vaccinations for travel visit the Center for Disease website at www.cdc.gov/travel.

SENEGALESE EMBASSY
2112 Wyoming Avenue NW
Washington D.C. 20008-3926
T: (202) 234 0540; F: (202) 332 6315
E-M: contact@ambasenegal-us.org
www.ambasenegal-us.org

SOUTH AFRICAN CONSULATE IN NEW YORK
333 East 38th Street
New York, NY 10016
T: (212) 213 4880; F: (212) 213 0102
E-M: consulate.ny@foreign.gov.za
www.southafrica-newyork.net

For additional information please contact:
Desmond Alufohai
Senior Trade Development Specialist
The Jay Malina International Trade Consortium
111 N.W. First Street, 25th Floor, Suite 2560
Miami, FL 33128
T: 305-375-5808; F: 305-679-7895
E-M: alufoha@miamidade.gov; www.miamidade.gov/itc

Non-Refundable and Non-Transferable
Mission Costs Per Person: $4597
Full Payment Due Date: September 18, 2009
[See Registration Form for Details]
**PERSONAL INFORMATION**

First Name: ___________________________  Last Name: ___________________________  Suffix: ________  

[Name as it appears on your passport]  

Nationality: ___________________________  Passport Number: _____________________________________  

Indicate Any Special Needs: ____________________________________________________________________  

**ORGANIZATIONAL PROFILE**

Name of Business Organization: ________________________________________________________________  

Your Title: __________________________________________________________________________________  

Address: ___________________________________________________________________________________  

City: _________________________________________  State: _____________  Zip Code: __________________  

E-Mail:  ______________________________________  Website:______________________________________  

Business Phone: _______________________________  Mobile Phone: _________________________________  

Year Established: _____________  Annual Sales: _________________  Number of Employees: _______  

**INDICATE YOUR BUSINESS SECTOR:**  

__________________________________________________________  

**LIST YOUR PRIMARY OBJECTIVE FOR PARTICIPATING IN THIS MISSION:**  

__________________________________________________________________________________________  

__________________________________________________________________________________________  

**DESCRIBE YOUR PRODUCTS/SERVICES:**  

__________________________________________________________________________________________  

__________________________________________________________________________________________  

**INDICATE THE AGENCIES/BUSINESSES YOU WOULD LIKE TO MEET DURING THIS MISSION:**  

__________________________________________________________________________________________  

__________________________________________________________________________________________  

**IMPORTANT!**  

Please attached a half page of your biographical information and a recent passport-sized photograph.  
The information you provide will be used to prepare the mission brochure.
**PARTICIPANTS REGISTRATION FORM**

(Please complete and return this form to the ITC with payment by September 18, 2009)

First Name: __________________________  Last Name: __________________________  Suffix: __________  
[As it appears on your passport]  
Signature: __________________________  Date: __________

<table>
<thead>
<tr>
<th>A. ESTIMATED ROUND-TRIP AIRFARE &amp; COST PER PERSON FOR THIS ITINERARY ONLY (SUBJECT TO CHANGE BASED ON PREVAILING FUEL SURCHARGES AND TAXES)</th>
<th>PARTICIPANTS' COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ANY CITY FLORIDA - WASHINGTON D.C. - DAKAR - CAPE TOWN - JOHANNESBURG - WASHINGTON D.C. - ANY CITY FLORIDA</td>
<td>$1905</td>
</tr>
</tbody>
</table>

TO MAKE YOUR ROUND-TRIP TRAVEL RESERVATION, PLEASE CONTACT: PROTEA TRAVEL SERVICES, ATTN: MS. MARION VALDERRAM  
T: (954) 927 5558 / (888) 927 5255; F: (954) 927 9926; E-M: mvalderram@aol.com

<table>
<thead>
<tr>
<th>B. LODGING (Room Rates are inclusive of bed, breakfast and taxes)</th>
<th></th>
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<tbody>
<tr>
<td><strong>DAKAR, SENEGAL</strong></td>
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</table>
Single occupancy at $200 per room x 4 nights (OCT 17 - 21, 2009) | $800 |
| Double occupancy at $225 per room x 4 nights |  |
| **CAPE TOWN, SOUTH AFRICA** |  
Single occupancy at $233 per room x 4 nights (OCT 21 - 25, 2009) | $932 |
| Hotel cost for double occupancy at $255 per room x 4 nights |  |
| **JOHANNESBURG, SOUTH AFRICA** |  
Single occupancy at $245 per room x 2 nights (OCT 25 - 27, 2009) | $490 |
| Hotel cost for double occupancy at $245 per room x 2 nights |  |

**DOUBLE OCCUPANCY: I WILL BE SHARING WITH _______________________________________________________________**

| C. REGISTRATION FEE PER PARTICIPANT | $470 |
| Includes briefings, administrative costs, ground transportation, officials meetings, currency fluctuations, and offered meal events |  |

**D. ADDITIONAL CHARGES - IF APPLICABLE (* SEE “IMPORTANT MISSION INFORMATION” BELOW)**

**GRAND TOTAL [A + B + C + D]** $4,597

**METHOD OF PAYMENT & REGISTRATION INSTRUCTIONS**

- **CREDIT CARD:** PLEASE COMPLETE AND RETURN THE ATTACHED TMC CREDIT CARD AUTHORIZATION FORM.
- **CHECK (NUMBER AND AMOUNT):** ____________________________________________________________

**TO REGISTER:**

A. COMPLETE AND RETURN THIS FORM AND THE PARTICIPANTS’ PROFILE [ONE PER PERSON].

B. SEND REGISTRATION FEE OF $470 MADE PAYABLE TO: TRADE MISSION CENTER OF THE AMERICAS, INC. (A 5% OF FACE AMOUNT OF CHECK WILL BE CHARGED FOR NON-SUFFICIENT FUND OR BAD CHECKS)

C. UPON RECEIPT OF REGISTRATION FORM AND PAYMENT OF REGISTRATION FEE, ITC WILL PROVIDE HOTEL WITH PARTICIPANTS CREDIT CARD INFORMATION TO RESERVE THEIR LODGING. EACH PARTICIPANT IS RESPONSIBLE FOR SETTLING LODGING COSTS.

**DETACH AND SEND COMPLETED REGISTRATION PACKAGE TO:**

THE JAY MALINA INTERNATIONAL TRADE CONSORTIUM [ITC].  
111 NW First Street, 25th Floor, Suite 2560, Miami, FL 33128.  
TEL: 305-375-5808; FAX: 305-679-7895; Alufoha@miamidade.gov; www.miamidade.gov/itc

**IMPORTANT MISSION INFORMATION!**

The number of participants is limited to 20, on a first-come-first-served basis. The following additional charges also apply:

A. $150 late registration fee for participants filing after September 18, 2009.

B. $150 for participants making their own lodging arrangements.

C. $150 For participants traveling to one city only.

Your signing of this registration form binds you to all the terms and requirements of this mission. ITC & EFI reserves the right of cancellation and the right to change the mission program/itinerary on-site, based on unforeseen circumstances. Participants agrees, at all times and hereafter, to hold harmless and indemnifies EFI, ITC, TMC, their staff, Board of Directors, contributing organizations, sponsors, agents, affiliates and volunteers from errors, omissions, or actions that may result from this mission.
CREDIT CARD AUTHORIZATION FORM
(Please complete and return this form to the address provided above)

I, ________________________________________________________________,
(Name as appears on credit card)

hereby authorize Miami-Dade County - ITC Trust Fund to charge my credit card for:

______________________________________________________________
(Reason for credit card charge)

You may include additional information for your reference regarding the charge:

______________________________________________________________

Indicate type of credit card:

□ American Express  □ MasterCard  □ Visa

Credit card number:

______________________________________________________________

Security code: _________________________________________________
(3 digit code on reserve side of MasterCard or Visa) OR (4 digit code on front side of AMEX Card)

Expiration date: ____________________  Total amount to be charged: ______________________

Billing address (as provided to issuing bank):

______________________________________________________________

City: ______________________________  State: ____________  ZipCode: ________________________

Phone:__________________________  Fax: ______________  E:Mail: __________________________

Cardholder’s Signature: __________________________  Date: ____________________________

By signing this form, cardholder acknowledges receipt of services described above for the total amount shown and agrees to perform the obligations set forth in the Cardholder’s agreement with the issuer.

FOR OFFICE USE:

Date Received: ____________________________________________

Approved By: ____________________________________________