

**Economic Development & International Trade Unit  
Department of Regulatory and Economic Resources, Miami-Dade County**

**BUSINESS DEVELOPMENT MISSION TO BOGOTA & MEDELLIN, COLOMBIA  
SEPTEMBER 22ND - 28TH, 2013**



**REGISTRATION DEADLINE IS WEDNESDAY, AUGUST 21ST, 2013**



**MISSION PACKAGE INCLUDES:**

**RECOMMENDED ROUNDTRIP AIRFARE  
ARRANGED THROUGH EXPRESS TRAVEL**

Delegates are encouraged to contact Ms. Becky Milian at Express Travel 305 341-1200 ext. 235 or vial email at [bmilian@expresstavelus.com](mailto:bmilian@expresstavelus.com) to make their travel arrangements

**RECOMMENDED LODGING**

**BOGOTA**

- **3 nights** hotel lodging at the **Hilton Hotel Bogota**  
Check-in date - Sunday, September 22nd, 2013  
Check-out date - Wednesday, September 25th, 2013

**MEDELLIN**

- **3 nights** hotel lodging at the **Intercontinental Hotel**  
Check-in date - Wednesday, September 25th, 2013  
Check-out date - Saturday, September 28th, 2013

Upon registration, each participant will receive information to make their hotel reservations at a special discounted rate available until September 22nd, 2013.

**GROUND TRANSPORTATION**

- Includes airport transfers for recommended flights and transfers from hotels to official venues.

**OFFICIAL MEETINGS AND MEALS**

- Meetings with high level government officials.
- In-country briefing by the U.S. Foreign Commercial Service.
- Meetings and briefing by local business organizations.
- Pre-screened one-to-one business matchmaking meetings (additional fee applies).
- Official luncheon and networking reception, coffee breaks

Organized in collaboration with :



**Colombian American  
Chamber of Commerce**

**Total estimated cost of mission per person: **\$3,407** (including airfare, hotel, registration fees and B2B meetings)  
**Subject to change after August 21, 2013****

**ENTRY REQUIREMENTS**

U.S. citizens must have a valid passport to travel to Colombia and do not need a visa. U.S. Residents and Non-US citizens should contact the Consulate for information regarding visa requirements:

**Consulate General of Colombia in Miami**

Attn. Monica Trujillo  
100 N. Biscayne Blvd., 25th Floor  
Miami, FL 33132  
Tel: (305) 441-1235 ext. 107  
Email: [visas@consuladodecolombia.com](mailto:visas@consuladodecolombia.com)

**The registration fee and business meetings fee per person are non-refundable and non-transferable:  
(To be paid by August 21st, 2013)  
*[Please see Registration Form for Details]***

**For additional information please contact:**  
**Maria Dreyfus-Ulvert**  
Trade Development Specialist  
**Economic Development & International Trade**  
111 N.W. First Street, 19th Floor  
Miami, FL 33128  
Tel: 305-375-3885; Fax: 305-679-7895  
E-Mail: [mdreyfu@miamidade.gov](mailto:mdreyfu@miamidade.gov);  
[www.miamidade.gov/oedit](http://www.miamidade.gov/oedit)

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**PARTICIPANT REGISTRATION FORM**

**(Please complete and return this form along with payment to EDIT by August 21, 2013)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**[As it appears on your passport]**

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	STANDARD COST	PARTICIPANT'S COST (PAID TO TMC)
<b>A. REGISTRATION FEE PER PARTICIPANT</b> [Includes briefings, ground transportation, official meetings, networking reception(s), some meals and coffee breaks, access to discounted lodging and airfare, and administrative costs. <b>Registration fee in not refundable.</b> ]	<b>\$1,000</b>	
<b>B. PRE-ARRANGED BUSINESS TO BUSINESS (B2B) MATCHMAKING MEETINGS</b> <b>(For Businesses requiring B2B meetings with Colombian companies)</b> B2B cost in Bogota - \$500 B2B cost in Medellin - \$350	<b>\$850</b>	
<b>C. ADDITIONAL CHARGES - IF APPLICABLE*</b> * SEE " <b>IMPORTANT MISSION INFORMATION</b> " BELOW	<b>\$150</b>	
<b>GRAND TOTAL PER PERSON PAID TO TRADE MISSION CENTER OF THE AMERICAS [ A + B + C ]</b>		
<b>Please note that participants are responsible for making their own hotel and air travel arrangements. We recommend contacting Ms. Becky Milian at Express Travel at <a href="mailto:bmilian@expresstravelus.com">bmilian@expresstravelus.com</a> to or 305 341-1200 ext. 235 to make your travel arrangements (<a href="http://www.expresstravelus.com">www.expresstravelus.com</a>). Seats are limited and available on a first-come-first-served basis.</b>	<b>STANDARD COST</b>	
<b>A. ROUND-TRIP AIRFARE - COST PER PERSON</b> <b>MIAMI - BOGOTA - MEDELLIN - MIAMI (non-stop)</b> <b>Please indicate your seating preference <input type="checkbox"/> Aisle <input type="checkbox"/> Window</b> <b>Economy Class ticket on Avianca Airlines including taxes</b> <b>(Subject to change after August 21, 2013)</b>	<b>NON-STOP</b>  <b>\$531</b> <b>(Estimated cost, including taxes)</b>	
<b>B. LODGING AT THE HILTON HOTEL BOGOTA</b> <b>(Includes breakfast and Internet)</b>  Hotel cost for <b>single occupancy at \$219 per room x 3 nights</b> - September 22nd - 24th, 2013 Hotel cost for <b>double occupancy at \$254 per room x 3 nights</b> - September 22nd - 24th, 2013 <b>Any cancellation within 15 days of arrival will result in a cancellation fee equal to a one night stay.</b>	<b>\$657</b>  <b>\$762</b>	
<b>C. LODGING AT THE INTERCONTINENTAL HOTEL, MEDELLIN</b> <b>(Includes breakfast and Internet)</b>  Hotel cost for <b>single occupancy at \$123 per room x 3 nights</b> - September 25th - 27th, 2013 Hotel cost for <b>double occupancy at \$161 per room x 3 nights</b> - September 25th - 27th, 2013	<b>\$369</b>  <b>\$483</b>	

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BUSINESS DEVELOPMENT MISSION TO BOGOTA & MEDELLIN, COLOMBIA  
SEPTEMBER 22nd– 28th, 2013



**PARTICIPANT INFORMATION & COMPANY PROFILE**  
(Please complete and return this form along with payment by August 21, 2013)

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
[As it appears on your passport]  
Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_ DOB : \_\_\_\_\_  
[Month, Day, Year]

**ORGANIZATIONAL PROFILE**

Name of Business Organization \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

**INDUSTRY SECTOR [Please check the sector that applies to your business]**

- Agricultural Equipment
- Automotive parts and accessories
- Construction Equipment
- Electrical Power System
- Food & Beverage (Processing & Packaging)
- Other: \_\_\_\_\_
- IT (Telecommunications Equipment) & Services
- Medical Equipment & Supplies
- Professional Services
- Transportation & Infrastructure
- Travel & Tourism

**INDICATE YOUR MAIN OBJECTIVE FOR PARTICIPATING IN THIS MISSION:**

- Buying    Selling    Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR PRODUCTS/SERVICES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT!**

Please email a paragraph of your biographical information and a recent passport-sized photograph in .jpeg format to:  
[mdreyfu@miamidade.gov](mailto:mdreyfu@miamidade.gov). The information provided will be used to prepare the delegates' brochure.

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**PARTICIPANT REGISTRATION FORM**

**(Please complete and return this form along with payment to EDIT by August 21, 2013)**

**METHOD OF PAYMENT & REGISTRATION INSTRUCTIONS:**

- CREDIT CARD:** PLEASE COMPLETE AND RETURN THE ATTACHED CREDIT CARD AUTHORIZATION FORM.
- CHECK NUMBER :** \_\_\_\_\_ **TOTAL AMOUNT:** \_\_\_\_\_

**MAKE YOUR CHECK PAYABLE TO: TRADE MISSION CENTER OF THE AMERICAS, INC.  
(A 5% OF FACE AMOUNT OF CHECK WILL BE CHARGED FOR NON-SUFFICIENT FUND (BAD) CHECKS.)**

**TO REGISTER:**

1. COMPLETE AND RETURN THIS FORM AND THE PARTICIPANT'S PROFILE FORM [ONE PER PERSON]
2. SEND PAYMENT FOR REGISTRATION FEE, B2B BUSINESS MEETINGS AND ADDITIONAL CHARGES AS APPLICABLE TO THE FOLLOWING ADDRESS:  
ECONOMIC DEVELOPMENT AND INTERNATIONAL TRADE UNIT- 111 NW First Street, 19th Floor, Suite 1900, Miami, FL 33128.  
OR FAX TO: 305-679-7895.
3. EACH PARTICIPANT IS RESPONSIBLE FOR MAKING THEIR RESERVATION, CONFIRMING THEIR CHECK-IN AND CHECK-OUT DATES AND SETTLING LODGING COSTS WITH HOTELS.

**IMPORTANT MISSION INFORMATION!**

- The number of participants for this mission is limited to 20. Final selection of mission participants will be confirmed by Staff after determining sector suitability and market potential.
- The registration fee and B2B matchmaking fee are non-refundable and non-transferable after payment.

**The following additional charges will be accessed to participants as indicated below:**

- A. \$150 - Late registration fee for participants filing after **August 21st, 2013**. We cannot guarantee negotiated airfare and hotel rates thereafter.

Your signing of this registration form binds you to all the terms and requirements of this mission. Agency reserves the right of cancellation and the right to change the mission program/ itinerary on-site, based on unforeseen circumstances. Participants agree, at all times and hereafter, to hold harmless and indemnify Miami-Dade County, TMC, its staff and Board of Directors, TMC contributing organizations, sponsors, agents, affiliates and volunteers from errors, omissions, or actions that may result from this mission.

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**BUSINESS DEVELOPMENT MISSION TO BOGOTA & MEDELLIN, COLOMBIA**  
September 22nd - 28th 2013



**CREDIT CARD AUTHORIZATION FORM**  
**(Registration Fee and B2B meetings only)**

(Please complete and return this form to the address provided below by August 21st, 2013)

111 NW First Street, Suite 1900  
Miami, FL 33128  
Tel: 305-375-3885; Fax: 305-679-7895

I, .....,  
(Name it as appears on credit card)

hereby authorize **Miami-Dade County (EDIT), TMC and/or its affiliates** to charge my credit card for registration and B2B fees for:

**The Business Development Mission to Bogota and Medellin August 22<sup>nd</sup> through 28<sup>th</sup>, 2013**

Additional information for your reference regarding the charge:

.....

**Credit Card Information:**

American Express       MasterCard       Visa

Credit card number: ..... Expiration date: .....

Security code: ..... Total Amount charged \$.....  
(3 digit code on reserve side of MasterCard or Visa) **OR**  
(4 digit code on front side of American Express Card)

Billing Address (as provided to issuing bank):

.....

City: ..... State: ..... Zip Code: .....

Phone:..... Fax: ..... E:Mail: .....

*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.*

Cardholder's Signature: ..... Date: .....

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**FOR OFFICE USE:**

Date Received: ..... Approved By: .....