



Agenzia nazionale per l'attrazione
degli investimenti e lo sviluppo d'impresa SpA

Company Visit Plan (as part of a delegation)

Email your completed plan to: fdicroce@invitalia.it - atabella@invitalia.it

Primary Contact

Salutation: Mr Mrs Ms Miss Other _____

First name:

Family name:

Organisation:

Position in organisation:

City / country:

Company Website:

Mobile number:

English language proficiency: Excellent Proficient Adequate Needs a translator (may incur a cost)

Any dietary requirements: Vegetarian, specify Halal Other, specify

Additional representatives

Salutation: Mr Mrs Ms Miss Other _____

First name:

Family name:

Organisation:

Position in organisation:

City / country:

Company Website:

Mobile number:

English language proficiency: Excellent Proficient Adequate Needs a translator (may incur a cost)

Any dietary requirements: Vegetarian, specify Halal Other, specify

Background details on the Company (THIS INFORMATION WILL BE USED WHEN BRIEFING CLIENTS AND AUSTRADERS ON THE VISIT)

Travel itinerary

DATE

CITY

APPROX. ARRIVAL TIME

APPROX. DEPARTURE TIME

Key objective and expected outcomes of the visit

Type of project plans (include any parameters or restrictions)

Key industry / investment focus of visit

INDUSTRY

SECTOR DETAILS
(eg clean tech – solar energy)

Type of investment required (tick as many as applicable):

- new operation / Greenfield operation
 - joint venture
 - regional head quarters
 - agreed acquisition
 - expansion of existing Australian operation
 - strategic alliance
 - regional service centre
 - introduction of new technology
 - venture capital
 - manufacture under license
 - sourcing customers for products/services
 - representative/sales office
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Expectations of assistance from Austrade/Invitalia

What selling message should we use when making appointments for this project?

(THIS INFORMATION ENABLES US TO DISCUSS THE REASONS AND OBJECTIVES FOR THE VISIT AND THE POTENTIAL OPPORTUNITIES THE COMPANY BRINGS)

Are you utilising other Australian organisations to assist in the preparation of your program? If so, please provide names, contact details and detail what assistance has been sought.

State Government Involvement

PRESS TAB TO CREATE ADDITIONAL CELLS

STATE	HAS THE COMPANY HAD CONTACT WITH THE STATE GOVT?	CONTACT PERSON / POSITION	TELEPHONE NUMBER	EMAIL ADDRESS	PLEASE INDICATE IF YOU WOULD LIKE US TO CONTACT THE STATE GOV'T TO PARTICIPATE IN VISIT PROGRAM COORDINATION.
	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	YES <input type="checkbox"/> NO <input type="checkbox"/>				

Prior commitments

(EG. APPOINTMENTS ALREADY ARRANGED, FREE TIME ETC)
ADDITIONAL CELLS

PRESS TAB TO CREATE

DATE		TIME		LOCATION AND CONTACT DETAILS	PURPOSE (eg. Free time)
FROM	TO	FROM	TO		

Notes / additional information
