Questionnaire

|  |  |
| --- | --- |
| Your company name  |  |
| The main activity area is the following  |  |
| Actual address  |  |
| Name of the CEO  |  |
| Contact person |

|  |  |
| --- | --- |
| NAME  |  |
| Position  |  |
| Phone  |  |
| E–mail  |  |

 |
| Site |  |
| Time of activity of your company in the market  |  |
| Number of employees of your company |  |
| What do you think are the strengths of your company  |  |

##