Greater New York Dental Meeting
Export Directory Participation form

1) Company Name: ______________________________________________________

2) Address: ___________________________________________________________________

3) Telephone Number: ________________ Fax Number: ____________________________
   E-Mail Address: ________________  4) Booth Number(s): ______________________

5) Number of Employees: ________________

6) Company Profile:
   a)  □ Not Exporting
      □ Currently Exporting; interested in entering into new overseas markets

7) Name and Title of Company personnel at show for contact with international business visitors:
   1) ________________  Title: ________________________
   2) ________________  Title: ________________________

8) Product lines or services your Company wishes to export (please type or print neatly):
   ____________________________________________________________________________
   ____________________________________________________________________________

9) International Business in which your Company is interested:
   □ Direct Sales
   □ Foreign Agents/Distributors
   □ Joint Ventures
   □ Licensing Agreements

9a) If appropriate, specify countries where you are not seeking any of the above business ventures: ______________________________

10) Which region in the world are you most interested in marketing your product:
   □ Worldwide
   □ Western Europe
   □ Canada/Mexico
   □ South America
   □ Central America
   □ Middle East/Asia
   □ Caribbean
   □ Africa
   □ Australia/New Zealand
   □ Eastern Europe/Russia

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