Greater New York Dental Meeting



Export Directory Participation form

| 1) | Company Name: | | | |
|-----|--|---|--|--|
| 2) | Address: | | | |
| 3) | Telephone Number: _ | Fax Num | iber: | |
| | E-Mail Address: _ | 4) Booth | Number(s): | |
| 5) | Number of Employees | nployees: | | |
| 6) | Company Profile: | | | |
| | a) □ Not Exporting □ Currently Exporting; interested in entering new overseas markets | | | |
| 7) | Name and Title of Company personnel at show for contact with international business visitors: | | | |
| | <u>~</u> ` | Tr Ti | tle:tle: | |
| 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□ South America□ Caribbean□ Eastern Europe/Ru | ☐ Western Europe☐ Central America☐ Africa | □ Canada/Mexico□ Middle East/Asia□ Australia/New Zealand | |

200 W. 41st Street, Suite 1101 / New York NY 10036 TEL: (212) 398-6922 FAX: (212) 398-6934 or email to Carla@gnydm.com