Dear U.S. Exhibitor:

Thank you for choosing to exhibit at the 101st Annual Greater New York Dental Meeting.

U.S. Exhibitors are eligible to be listed in the Export Directory, which has enhanced Exhibitors' marketing and export business success in the past.

This FREE program offers Exhibitors:

• A listing in our Export Interest Directory (distributed worldwide)

We are currently compiling a listing of our U.S. Exhibitors who have an interest in international business and wish to participate in this Program. The information you supply will be incorporated into our 2026 "Export Interest Directory", which will be distributed on-site to all overseas buyers, distributed and posted online year-round.

When thinking about your Company's possible role in this International Buyer Program, please consider that the Greater New York Dental Meeting also disseminates this information to government officials, import agents and distributors in over 150 countries worldwide.

To be included in the Export Interest Directory, your company must be an exhibitor at the 2025 GNYDM Annual Session. Your products and services included in this directory must be either:

- 1. Produced, manufactured or assembled in the U.S.A.
- 2. Contain no less than 51% U.S. content
- Be marketed as a U.S. product

Please complete and return the attached Export Directory Participation form by no later than October 20, to be included in the printed version of the Export Interest Directory and be prepared to meet international buyers at the 2025 Greater New York Dental Meeting.

Sincerely,

Ms. Carla M. Borg Exhibits Manager

Greater New York Dental Meeting

Export Directory Participation form

)	Company Name:			
)	Address:			
)	Telephone Number:	Fax Number	r:	
	E-Mail Address:	4) Booth Nu	ımber(s):	
)	Number of Employees	oyees:		
)	Company Profile:			
	a) □ Not Exporting □ Currently Exporting; interested in entering into new overseas markets			
)	Name and Title of Company personnel at show for contact with international business visitors:			
	2)	Title:		
)	Product lines or service (please type or print n	es your Company wishes to exeatly):	port	
)				
a)	If appropriate, specify countries where you are not seeking any of the above business ventures:			
0)	Which region in the world are you most interested in marketing your product:			
	☐ Worldwide☐ South America☐ Caribbean	☐ Western Europe☐ Central America☐ Africa☐ Eastern Europe/Russia	□ 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