Greater New York Dental Meeting

Export Directory Participation form



1)	Company Name:			
2)	Address:			
3)	Telephone Number: _	Fax Num	ber:	
	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:			
	2)	Tit	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	

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