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| http://cnrexpo.com/media/img_slider/imob2020en.jpg |
| **CNR EXPO-FURNITURE TRADE MISSION***20-23 January 2020 ISTANBUL / TURKEY* |
| Please type your answers and return this participation form.After the evaluation process you will be taking your formal confirmation.Application forms must be returned before deadline-**27th DECEMBER FRIDAY 2019 at 16:00.**You should fill all the blanks, sign and stamp the formPlease note that the information you transmit will not be shared with the third parties. |
| **1** | Name of the Company |  |
| **2** | Status of the Company (Manufacturer, Importer, Retailer, Wholesaler, Designer, If Other Please Specify) |  |
| **3** | Company Address (Please include postcode) |  |
| **4** | Country |  |
| **5** | E-mail |  |
| **6** | Website |  |
| **7** | Telephone Number |  |
| **8** | Mobile Phone |  |
| **9** | Name and the Title of the Company Representative Who will attend to the Program |  |
| **10** | Name of Partner or Holding Company (if applicable) |  |
| **11** | Goods and/or Services imported from all over the World |  |
| **12** | Goods and/or Services demanded from Turkey (please specify each product catagories your may interested in) |  |
| **13** | Total Number of Employees (2019) |  |
| **14** | For how many years have you been in this industry? |  |
| **15** | What is the company’s annual turnover (2019-USD)? |  |
| **16** | What is your total annual import world-wide (2019-USD)? |  |
| **17** | What is your total annual import from Turkey (2019-USD)? |  |
| **18** | Have you ever visited Turkey before? (If yes, please indicate your purpose: a visit to a furniture fair - b2b match making events- Ministry of Economy Trade Mission (Buyer Program) - Preliminary research into Turkish Market - Meeting with supplies etc.) |  |
| **19** | Top 5 Countries of Your Furniture Import? |  |
| **20** | Do youhaveany Local Contactin Turkey(If yes pleasewritedowncontactinformation and type of contact– *subsidiary, associate**company, commission agent etc.* ) |  |
|  | **I commit to participate bilateral meeting of the buyer mission program.** |  |
|  | **Name and the title of the person filled this form:** |  |
|  | **Date:** |  |