IGEXX PARTICIPANT INFORMATION FORM

Date: / / 2025

Company Name: Marketplace ☐ Vendor Megamerchant **Company Type:** OmniChannel ☐ Service Provider Other (.....) **B2B 4 B2C** Registration Number:1 **B2B Participation** ☐ Without Expo Booth Type²: Please Specify the **Categories of Special** Interest Would you like to have an online No : ☐ Yes meeting to discuss the event details? *Online meetings will be conducted after August 10 If your answer is "Yes," representatives from the Ministry of Trade of the Republic of Türkiye will contact you to schedule a suitable date for the meeting. **Participant Company Personnel Information Full Name Title Email Passaport No Phone Number** LinkedIn **Full Name** Title **Email Phone Number**

¹ The registration number will be sent to the relevant email address after registering through <u>www.igexx.com/b2b-register-form/</u>

² After the form submission, the organizer will contact you.

Passaport No :				
* If there are more participants, you can enter the (two) participants will be covered by the organizat the agreed prices.				
	Special Requ	ests and Not	es	
Accommodation or Transportation Reques	<u>ts:</u>			
Special Dietary or Other Needs During the	Event:			
Other Special Requests or Notes:				
Would you like to arrange an online meeting to discuss potential brands that could participate in B2B meetings before the event?	: 🗆	Yes		No
*Online meetings will be conducted after August	15. If your answer i	s "Yes," represent	tatives fro	om the Turkish Ministry of Trade will contact

This form needs to be shared by the relevant company representative with "e-export@ticaret.gov.tr" and "b2b4b2c@tim.org.tr". The sharing of this form with IGEXX officials constitutes the commitment of the abovenamed company to participate in the IGEXX event with the specified participants.