**APPLICATION FORM**

**EXPOSANITÀ 2020 BOLOGNA, ITALY**

1. **COMPANY AND BUYER DETAILS**

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| COMPANY NAME |  |
| ADDRESS |  |
| CITY, COUNTRY |  |
| WEBSITE |  |
| CONTACT PERSON |  |
| JOB TITLE |  |
| DATE AND PLACE OF BIRTH |  |
| PHONE |  |
| MOBILE |  |
| E-MAIL |  |
| SPOKEN LANGUAGES |  |

**2. COMPANY STRUCTURE**

**BUSINESS SECTOR**

Services and products for hospitals Disability Rehabilitation

Orthopaedics Sanitary items Other

**COMPANY ACTIVITY**

Distributor Retailer Agent Wholesaler Manufacturer

Hospital owner Hospital purchasing manager General contractor

Supplier of public health care system Other

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| --- | --- |
| YEAR OF ESTABLISHMENT: | NUMBER OF EMPLOYEES: |
| ANNUAL SALES & IMPORT TURNOVER (EURO)  2018:  2019: | EXPORT FIGURES (%)  2018:  2019: |

**3. COMPANY BACKGROUND INFORMATION**

**COUNTRIES OF EXPORT**

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**COUNTRIES OF IMPORT**

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**4. DISTRIBUTION**

**Are you a sole agent of any brand?** Yes No

If Yes, please specify

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**How many brands are you distributing?**

**Please list the 3 most representative brands you are distributing**

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**5. INFORMATION ABOUT THE ITALIAN MARKET**

**Have you ever done business in Italy?**  Yes No

**If “Yes”:** When? With which companies?

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**What is your actual interest in Italy?**

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**6. PRODUCT CATEGORIES**

**Please identify all the product categories you are interested in**

Services and products for hospitals

Aids and services for disability

Products for Orthopaedics

Products for Rehabilitation

Sanitary Items

Other

**Please specify which kind of products you are looking for**

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**7. ADDITIONAL INFORMATION**

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