

Q: HOW DO I KNOW IF I'M QUALIFIED?

A:



IS YOUR COMPANY A **HOSPITAL, DENTAL CHAIN, IMPORTER, LABORATORY, DENTAL SUPPLIER, WHOLESALER, RETAILER, DISTRIBUTOR, TRADER, TRADE ASSOCIATION?**



ARE YOU **RESPONSIBLE FOR SOURCING, NEGOTIATING, AND/OR MAKING BUDGETARY DECISIONS** FOR THE PURCHASING OF DENTAL PRODUCTS FOR YOUR ORGANIZATION/INSTITUTION?



ANNUAL BUDGET FOR PRODUCT PURCHASE



SIZE OF COMPANY



LIKELIHOOD TO TRAVEL AS HOSTED BUYER