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Date: Mon, Apr 4, 2022 at 15:57  
Subject: About Idex 2022 Istanbul Turkey  
To: <[dr.tajernia1970@gmail.com](mailto:dr.tajernia1970@gmail.com)>

We would like to bring to your attention a new Buying Mission Program for IDEX 2022(Istanbul Dental Equipment Exhibition), of which highlights are as follows:

- Time and place: 26-29 May, CNR EXPO, Istanbul, Turkey;
- Activities: Meetings with Turkish suppliers, visits to fair stands and production facilities;
- Targeted participants: importers/wholesalers having intention of buying Turkish goods;
- Incentives for participants: Free accommodation with breakfast & transport among airport, hotel, meeting venue, fairs and production facilities.

It would be our great pleasure and honor to have your participation in this Buying Mission Program. For registration, please completely fill-in the attached Word form and sent back to Turkish Commercial Ataache in your country - Turkish Embassy.

Besides, in order to avoid probable inconveniences, we would like to kindly suggest that you take note the following requests from the Program's Host:

- Participants should have the necessary authority to make the purchasing decision;
- Maximum 1 person responsible for sales from each firm, preferably know English, French or German.
- Participants should comply with the designated start and end dates of the programs, avoid cancellations in last minute, and provide detailed information about the products they want to import;
- Rules for travel to Turkey: <https://www.turkishairlines.com/en-int/announcements/coronavirus-outbreak/travel-restrictions/index.html>

Should you have any inquiries or need assistance, please kindly let us know. Thank you very much, and we look forward to having your registration at your earliest convenience.

Best regards,

elif kaya

REPUBLIC OF TURKEY  
MINISTRY OF TRADE

Application Form For International Buyer Mission Program

Name of Turkish Commercial Counsellor:

Name of Buyer Mission Program:

- Please type your answers and return this participation form to the Turkish Commercial Counselor. Formal acceptance will be given to you by Turkish Commercial Counselor as soon as eligibility is cleared by Ministry of Trade.
- Application forms must be returned by [date].
- Please indicate whether any of the information

(1) Ministry of Trade External Demands Database.

Details shown at 1 to 8 will automatically be used to create an entry on Ministry of Trade External Demands Database.

If you do not want details of your organization to appear on Ministry of Trade External Demands Database, please tick here.

(2) Name of the Company:

(3) Status of the Company:

Please tick,

- Manufacturer
- Importer
- Retailer
- Manufacturer-Importer
- Wholesaler
- Chain Store
- Other (please specify)

(4) Company Address  
(Please include postcode)

Telephone & Fax:

E-mail & Website Address:

Social Media Accounts:

(5) Company representative who will attend to the Program and Position

(6) Name of parent or holding Company (if applicable)

(7) Brief description of goods and/or services imported from all over the World.

(8) Detailed description of goods and/or services demanded from Turkey.

(9) Total number of employees and year of count?

1-10

10-50

50-100

More Than 100

(10) What is the company's annual turnover and year of count? (Optional)

(11) What is the sum of your total annual imports?  
in years 2019 and 2020 (world-wide)?

(12) What is the value of your annual imports from  
Turkey and year of count?

(13) How many times has your company visited Turkey?

• On an Ministry of Trade Buyer Mission Program

• Independently?

(14) Are any of your objectives in participating in this mission represented by the following?

Categories

	Yes	No
Import From Turkey	<input type="checkbox"/>	<input type="checkbox"/>
Preliminary research into Turkish market	<input type="checkbox"/>	<input type="checkbox"/>
Seeking a representative	<input type="checkbox"/>	<input type="checkbox"/>
Meeting new suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Meeting existing representatives/ Suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Partners for manufacture under Licence or joint venture	<input type="checkbox"/>	<input type="checkbox"/>

If other, please give details

(15) Do you have any local contacts or representatives in Turkey?

Yes

No

If "Yes" please give the following details

Name & Address

Type of Contact:

Subsidiary

Associate Company

Commission Agent

I commit to participate bilateral meeting of the buyer mission program.

Name of the person filled this form and position:

Date:

Signature: