

# World Directory **MEDICAL DISTRIBUTORS**

SCHILLINGER (BDU) Healthcare Human and Business Resources  
in cooperation with A. Sutter Fair Business GmbH



**Please fax to: +49 6201 98698-99**

## REGISTRATION FORM

### Company

Company name \_\_\_\_\_  
Company 2 \_\_\_\_\_  
Street address \_\_\_\_\_  
Street address 2 \_\_\_\_\_  
P. O. Box \_\_\_\_\_  
Postal code/City \_\_\_\_\_  
Country \_\_\_\_\_  
Phone (+country prefix) \_\_\_\_\_  
Fax \_\_\_\_\_  
Internet \_\_\_\_\_  
E-Mail \_\_\_\_\_

### Contact person

Salutation  Mr.  Mrs.  
Title \_\_\_\_\_  
First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Position \_\_\_\_\_ *e.g. Sales Manager, CEO etc.*  
Personal E-Mail \_\_\_\_\_

### Business information

Type of company  private  public  
 others: \_\_\_\_\_  
Established since \_\_\_\_\_  
Annual turnover p.a.  < 0.5 million  0.5 – 1 million  1 – 5 million  US\$  €  
 5 – 10 million  10 – 20 million  20 – 50 million  
 > 50 million  
The company is  Manufacturer  Distributor  both  
Customers \_\_\_\_\_ *e.g. Hospitals, end-users etc.*  
Potential new product interests \_\_\_\_\_  
Product portfolio (please provide detailed information) \_\_\_\_\_ *e.g. Home healthcare, rehabilitation, cardiology etc.*  
Number of staff \_\_\_\_\_  
Number of sales reps included \_\_\_\_\_  
Technical Service  yes  no  
Number of subsidiaries, locations \_\_\_\_\_  
Representative for the following companies (by name) \_\_\_\_\_ *e.g. Siemens*  
Certifications \_\_\_\_\_

I/we agree that the above information will be published in the **World Directory MEDICAL DISTRIBUTORS**. I/we also agree on corresponding by E-Mail regarding data verification and exchange of information.

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_