



APPLICANT INFORMATION

NAME OF THE MEMBER-CANDIDATE:		
UNITED IDENTIFICATION CODE: /OTHER IDENTIFIER:		
YOU ARE:		
<input type="checkbox"/> start up or micro enterprise <input type="checkbox"/> small or medium enterprise <input type="checkbox"/> NGO <input type="checkbox"/> individual <input type="checkbox"/> other		
ADDRESS		
CITY	STATE	ZIP
COUNTY	REGION	
TELEPHONE	FAX	WEBSITE
TYPE OF BUSINESS <i>select type</i>	YEAR ESTABLISHED	NUMBER OF EMPLOYEES
CORPORATE REGISTRATION:		
<input type="checkbox"/> 100% Bulgarian owned		
<input type="checkbox"/> 100% American owned		
<input type="checkbox"/> Joint Venture (please point out the share of each one and the origin of funds)		
<input type="checkbox"/>		
ANNUAL SALES* <i>select range</i>	EXPORT SALES	NEW TO EXPORT?
	<input type="checkbox"/> IN US\$ <input type="checkbox"/> BGN (LEV)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTACT PERSON:	TITLE:	
E-MAIL	TELEPHONE:	
MEMBERSHIP SUBSCRIPTION:		
- Individual membership – 200 BGN - Non government organizations (NGO) and other non profit organizations – 300 BGN - Corporate membership for startups and micro enterprises 500 BGN - Corporate membership for small and medium enterprises 1000 BG - Exclusive membership– BGN 2000 - VIP MEMBERSHIP - BGN 10 000		
HOW DID YOU HEAR ABOUT US?		
<input type="checkbox"/> through a Board Member or the CEO <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter		
<input type="checkbox"/> through a friend, family member or colleague during a business conference or business channel		
<input type="checkbox"/> Facebook <input type="checkbox"/> News My company's PR <input type="checkbox"/> Other		
Please describe in short the source from which you heard about ABBA and what is your motivation to become a member:		

WHAT DO YOU HOPE TO GAIN FROM YOUR MEMBERSHIP AT ABBA?

- Events and Networking
- Business Development
- Business and economic updates
- Training
- Business matchmaking and exposure
- Part of a sector community
- Other

PRODUCT OR SERVICE PROFILE *Insert description of your company's (yours) products or services.*

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DESCRIPTION OF YOUR FIELD OF ACTIVITY, PRODUCTS AND/OR SERVICES

Describe your business activity as detailed as possible as well as your products or services, which you deliver on the market.

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IDENTIFICATION OF SPHERE OF INFLUENCE AND FUTURE DEVELOPMENT

Describe your desired development and sphere of influence over the local and/or the foreign audience in the United States and/or Bulgaria. For instance, you plan to expand your business and enter into the Bulgarian market, if you are currently located in the United states or you plan to increase the volume of the provided services by you to the USA if you are a Bulgarian entity already providing services in the USA.

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OVERALL INTERNATIONAL BUSINESS OBJECTIVES

Check all that apply to your company.

- Agents / Representatives
- Direct Purchase
- Distributors
- Immediate Sales
- Joint Venture Partner
- Licensee
- Marketing Alliances
- Product Development
- Research Development
- Sales Leads / Contacts
- Strategic Alliance Prospects
- Technology Acquisition
- Technology Transfer
- Tender / Offer

MARKET OF INTEREST

Type in the country (1) for this request and select the Export Status that best describes your company's experience in this market.

COUNTRY Bulgaria United States

Export Status of your products / services for this Market

- New to this market
- Expanding market presence
- Experienced exported to this market

SERVICES REQUESTED

Select the service(s) you are seeking in the above market, which you market as market of interest

RESEARCH

- Agent / Rep / Distributor Contacts
- Competitive Analysis / Pricing Evaluation
- Foreign Company Background Check
- Joint Venture / Alliance Partner Contacts
- Licensees
- Market Entry Strategy
- Market Overview / Product Review
- Marketing & Promotional Literature Review
- Networking

OTHER

- Certifications / Standards / Regulatory Requirements
- Industry Contact / Trade Shows
- Patent / Copyright / Trademark
- Translations
- Trade Lead Assistance

TRADE EVENTS & TRAVEL

- In-Country Appointments
- In-Country Logistics Assistance
- Trade Event Assistance
- Travel Agency as a partner for your entity (for you personally)

KEY CUSTOMERS IN THE MARKET OF INTEREST

Select the most important customers for your products or services in this market.

- Banks / Financial Institutions
- Certification Agencies
- Distributors
- End Users
- Importers
- Manufacturers of Complimentary Products
- Manufacturers of Equivalent Products
- Manufacturers of Original Equipment
- Manufacturers under License / Sales Office
- Ministries / Government Organizations
- Other
- Professional Organizations / Associations
- Research Centers
- Sales Representatives
- Wholesalers
- Retailers

CURRENT EXPORT ACTIVITIES ARE BEST DESCRIBED AS WORKING WITH

Check all that apply to the market you selected.

- | | |
|--|---|
| <input type="checkbox"/> No Current Export Activities in this market | <input type="checkbox"/> Bulgarian-based Intermediary |
| <input type="checkbox"/> Direct Sales | <input type="checkbox"/> Overseas Subsidiary |
| <input type="checkbox"/> Importers | <input type="checkbox"/> Overseas Distributors |
| <input type="checkbox"/> Manufacturers under License | <input type="checkbox"/> Sales Representatives |
| <input type="checkbox"/> U.S.-based Intermediary | <input type="checkbox"/> Wholesalers |

BUSINESS OBJECTIVES FOR THIS MARKET

Check all that apply to the market you selected.

- | | |
|---|---|
| <input type="checkbox"/> Agents / Representatives | <input type="checkbox"/> Research Development |
| <input type="checkbox"/> Direct Purchase | <input type="checkbox"/> Sales Leads / Contacts |
| <input type="checkbox"/> Distributors | <input type="checkbox"/> Strategic Alliance Prospects |
| <input type="checkbox"/> Immediate Sales | <input type="checkbox"/> Technology Acquisition |
| <input type="checkbox"/> Joint Venture Partner | <input type="checkbox"/> Technology Transfer |
| <input type="checkbox"/> Licensee | <input type="checkbox"/> Tender / Offer |
| <input type="checkbox"/> Marketing Alliances | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Product Development | |

QUESTIONS

1. Do you have existing representation for this market? Yes No

If yes, please provide the following:

Company Name:

Address:

Country:

Phone Number:

Relationship:

Does this company know of your request for assistance in this market? Yes No

Explain their role in this request:

2. Who are your principal U.S. / Bulgarian and foreign competitors?

Include company name, location

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3. Have you initiated a similar request with another organization such as the U. S. Department of Commerce, other Commercial chambers? Yes No

If yes, please provide the following:

Organization Name:

Member since

4. Comments

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Signature

Name & Title, Company Representative

DATE OF REQUEST

Information regarding your application:

Upon 7 days of approval of your membership application you should transfer the respective amount of the annual subscription fee to the following bank accounts:

BGN Account:

Dollar Account:

In case your application has been rejected we will swiftly inform you and no further actions should be performed by you. Hence, you will not be obliged to pay any amounts solely for the submission of the above application.