

	MARKET & COMPANY ASSESSMENT	Please fill out the form below and email to DeRoyal at intldivision@deroyal.com
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ABOUT YOUR COMPANY

COMPANY NAME:	
PLEASE GIVE US A BRIEF OVERVIEW OF YOUR COMPANY	
What is the name of your main contact?	What are your core areas of business?
Full Address (include country and mailing code).	How can we reach you?
	Telephone:
	Email:
	Website:
	How many <u>direct</u> sales representatives does your company employ?
Do you manufacture sterile kits or trays?	Do you have sterilization capabilities?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual Turnover (Gross Sales) in U.S. Dollars (check one):	<input type="checkbox"/> Under \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> \$1,000,000 - \$2,000,000 <input type="checkbox"/> \$2,000,000 - \$5,000,000 <input type="checkbox"/> \$5,000,000 - \$10,000,000 <input type="checkbox"/> \$10,000,000+

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Markets your company serves (check all that apply):	<input type="checkbox"/> Hospitals <input type="checkbox"/> Surgery Centers <input type="checkbox"/> Nursing Homes <input type="checkbox"/> Home Health/Durable Medical Equipment <input type="checkbox"/> Physicians' Offices <input type="checkbox"/> Retail <input type="checkbox"/> Sub Dealer
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WHAT ARE THE DEROYAL PRODUCT LINES OF INTEREST TO YOU?

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FOR THE PRODUCT LINES OF INTREST, WHAT PRODUCTS DO YOU CURRENTLY SELL AND WHAT PERCENTAGE OF YOUR TURNOVER RESULTS FROM EACH?
Please specify type of products and brand names.

Company	Product Line	Approximate % Market Share

FOR THE PRODUCT LINES OF INTEREST, WHAT COMPETITOR PRODUCTS ARE DISTRIBUTED IN YOUR REGION?

Competitor	Product Line	% Market Share