



US COMMERCIAL SERVICE EVENT PRE-REGISTRATION FORM



COMPANY QUESTIONNAIRE

OMB No. 0625-0143
Expires: 3/31/2012

A. CONTACT INFORMATION

Company Name:	
Address:	
City:	Zip Code:
Company Web Site:	
Participant Name:	Title:
Age:	Contact Tel:
Contact Fax:	
E-mail:	Alternate Contact:
Alternate Contact E-mail:	Alternate Contact Tel:

B. COMPANY INFORMATION

Company Activity: <i>(Please select all that apply)</i>	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Representative <input type="checkbox"/> Export Management Company	<input type="checkbox"/> Service Company <input type="checkbox"/> Franchiser <input type="checkbox"/> Importer <input type="checkbox"/> Other (<i>please specify</i>):
Year of Company Established:	Number of Employees (est.):
<i>Number of years in each of the following business activity:</i> Manufacturer : Distributor/Representative: Export Management Company: Service Company: Franchiser: Importer: Other, if any:	
Annual Sales: <input type="checkbox"/> Less than \$5 Million <input type="checkbox"/> \$5-10 Million <input type="checkbox"/> More than \$10 Million	
Annual Imports (as % of Total Sales): <input type="checkbox"/> Less than 25% <input type="checkbox"/> More than 25%	
Major Countries of International Business:	

Your satisfaction is our top priority. Please inform us of any questions or concerns and we will work quickly and effectively to meet your needs.

The U.S. Commercial Service **Customer Care Hotline** is available for you to call toll free Monday through Friday, 9:00 AM to 6:00 PM EST at **1-866-482-8111**, or e-mail to CSHotline@mail.doc.gov

We will protect business confidential information to the extent provided under Federal law.



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Brief Company Description:

C. BUSINESS OBJECTIVES

When did you join the respective Chamber of Commerce?

What type of business contacts are you seeking in the US?

- Distributor / Wholesaler
- Agent / Sales Representative
- Franchisee

- Joint Venture Partner or Licensee
- Other (please specify)

Is your firm seeking representation on an exclusive basis in this market? Yes No

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal prospects must have, such as English language ability, size, coverage, investment etc.

Describe any special features of your company's operations, interests, or objectives in the target market that can help us identify potential business partners.

Are there any specific companies, or types of companies, you would like us to contact?
If so, please name them.

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D. PAST INTERNATIONAL TRAVEL HISTORY

a). List all the countries visited in the last 10 years:

b). Have you ever applied a U.S. Visa?

If yes, when?

Was it Denied or Approved?

Public reporting for this collection of information is estimated to be 10 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230. OMB No.: 0625-0143, Expires: 3/31/2012

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