

# USDA/FAS EVALUATION FORM

**Name of Show**

*Help us to plan even better shows in the future by taking a few minutes to complete this evaluation form. Trade sensitive data supplied on individual forms will be kept confidential.*

## Your Results

1. How many products did you introduce or test market at this show? \_\_\_\_\_
2. Which products generated the most buyer interest? \_\_\_\_\_

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3. How many serious contacts did you make? \_\_\_\_\_
4. What were your on-site sales at this show? \_\_\_\_\_
5. What are your projected 12-month sales resulting from this show? \_\_\_\_\_

## Our Service

Please rate the following services that were provided by FAS or show organizer.

6. The consolidation services and shipping instructions

Excellent					Satisfactory					Poor	Did not receive
10	9	8	7	6	5	4	3	2	1		

Suggestions for improvement: \_\_\_\_\_

7. The usefulness of the market information provided by FAS (if applicable)

Excellent					Satisfactory					Poor	Did not receive
10	9	8	7	6	5	4	3	2	1		

What would you like to see more of: \_\_\_\_\_

8. The pre-show briefing and information packets distributed at the show (if applicable)

Excellent					Satisfactory					Poor	Did not receive
10	9	8	7	6	5	4	3	2	1		

Suggestions for improvement: \_\_\_\_\_

9. The FAS staff attitude, including courtesy and efficiency

Excellent					Satisfactory					Poor	
10	9	8	7	6	5	4	3	2	1		

10. The shows effectiveness in meeting your exhibiting goals

Excellent					Satisfactory					Poor	
10	9	8	7	6	5	4	3	2	1		

11. Would you participate in this show again?

Yes					Maybe					No	
10	9	8	7	6	5	4	3	2	1		

12. The quality of the visitors who attended the show

Excellent				Satisfactory					Poor
10	9	8	7	6	5	4	3	2	1

13. What results did you obtain from this event?

	Signed	Pending
___ Agent/distributor agreements	___	___
___ Licensee agreements	___	___
___ Joint venture agreements	___	___

14. Please indicate which of your firm's objectives were met at the show. (All items may not apply.)

	YES	NO
Finding a sales representative	___	___
Finding a licensee	___	___
Finding a joint venture partner	___	___
Immediate sales during event	___	___
Market exposure	___	___

### Suggestions/Improvements

15. Please provide additional comments, recommendations and/or suggestions for improvement in show procedures.

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### Company Profile

16. What is your primary business activity? Please check one of the following:

- Manufacturer
- Exporter/Trading Company
- Distribution/Wholesaler
- Service
- Other: \_\_\_\_\_

17. When you participated in this show, was your firm new to **MARKET**? \_\_\_\_\_ Yes \_\_\_\_\_ No  
When you participated in this show, was your firm new to **EXPORT**? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Please identify your company size, in terms of annual sales and employment. Check one (optional)

- | <u>Sales</u>                                | <u>Employees</u>                            | <u>Ownership</u>   |
|---|---|--|
| <input type="checkbox"/> under \$1 million  | <input type="checkbox"/> 10-50 employees    | <input type="checkbox"/> American Indian or Alaska Native  |
| <input type="checkbox"/> \$1-10 million     | <input type="checkbox"/> 50-100 employees   | <input type="checkbox"/> Asian                             |
| <input type="checkbox"/> \$10-50 million    | <input type="checkbox"/> 100-250 employees  | <input type="checkbox"/> Black or African American         |
| <input type="checkbox"/> \$50-250 million   | <input type="checkbox"/> 250-500 employees  | <input type="checkbox"/> Hispanic or Latino                |
| <input type="checkbox"/> over \$250 million | <input type="checkbox"/> over 500 employees | <input type="checkbox"/> Native Hawaiian or Other Islander |
|   |   | <input type="checkbox"/> White                             |

19. How did you hear about our program? \_\_\_\_\_

20. Are you using the wealth of information available to you on the FAS/USDA website? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Products exhibited: \_\_\_\_\_

*Thank you very much for your time in completing this evaluation.*

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