OMB Control No. 0690-0030 Expiration Date: 04/30/2014

TRADE MISSION EVALUATION FORM EVENT ID:

Thank you for participating in:

1.	Please indicate your overall satisfaction with this event: Ursure Very satisfied Unsure	☐ Dissatisfied ☐ Very dissatisfied
2.	Please indicate whether your firms' objectives were met by participating in this mission. (Some objectives may not apply). Yes No N/A Finding a sales representative	3. Please indicate your results from participating in this mission. Signed Pending Number of agents/representatives Number of licensee agreements Number of joint venture agreements Number of sales leads Sales during event: US\$ Projected 12-month sales: US\$ Other (specify):
4.	Please indicate how participation in this event served your firm' contacts/made sales your firm could not otherwise have made,	's export interests (for example, cut lead time for market entry, found provided strategic market exposure, etc.):
5.	Additional comments:	
Yo	ur Name (First, Last):	Company Name:
Tele	phone Number :	E-mail Address: