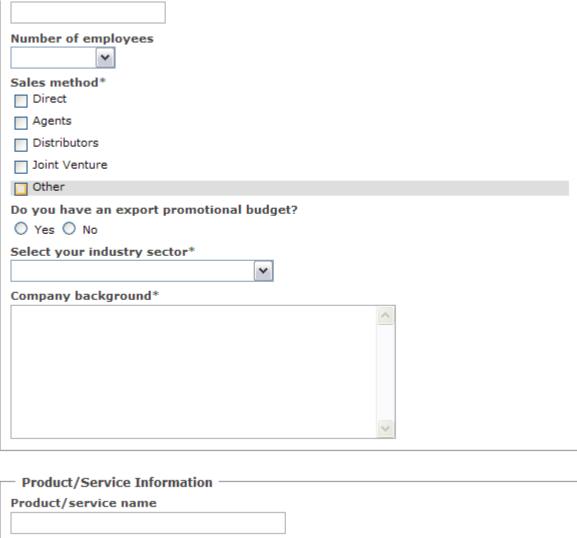
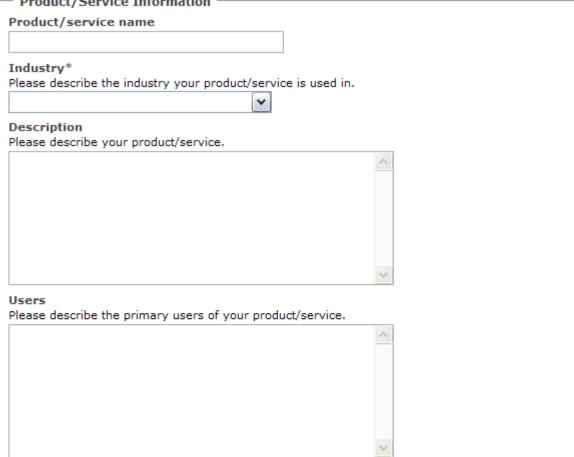
Fields marked with * are required.

OMB Control No. 0625-0237 Expiration Date: XX-XX-2012

	Expiration Date: AA-AA-2012
Contact and Company Information	
Company name*	
First name*	
The fiding	
Last name*	
Salutation	
~	
Title/responsibility	
Company address*	
City*	
Ct-t-*	
State*	
Zip code*	
Phone	
Fax	
Email*	
Web site	
http://	
mp.n	
Company Details	
Type of company*	
Manufacturer	
Distributor	
Export trading company	
Service	
Other	
Year firm was established*	
If you are not a manufacturer, do you or your fir the product or service?*	m have documented right to export
○ Yes ○ No ○ Not applicable	
Is your product/service at least 51% U.S. conter	it?*
O Yes O No	
Total annual sales*	
▼	
Percentage export	
. e. centage export	





_	Market information ————————————————————————————————————	
	Your immediate international objectives	
	^	

w		
Countries you are currently exporting to		
Countries you would like to target in the next 12-18 months		
Have you proactively exported in the last 12 months?* O Yes O No		
Your Local U.S. Department of Commerce Office		
Are you currently working with one of our U.S. Department of Commerce offices/U.S. Export Assistance Centers here in the U.S.*		
O Yes O No		
Trade specialist or office		
If yes, please enter the International Trade Specialist with whom you are now working.		
Other trade specialist or office		
If known, feel free to add the name of your trade specialist if not listed above.		
In the past 24 months, have you or has your company utilized any market research reports or trade promotion programs, or received trade counseling from the U.S. Commercial Service or one of its Export Assistance Centers? O Yes O No		
If so, have these programs or information assisted you in completing any export sales?		
O Yes O No		
If time allows, could you explain your export successes as a result of assistance provided by the U.S. Export Assistance Center		
^		
Where did you hear about the U.S. Commercial Service?		
How were you introduced to our services?		
Trade seminar/conference/event		
Federal government agency		
Local government agency		
Local school/university presentation		
Non-profit trade organization		
☐ Internet research		
☐ Referred ☐ Other		
Which specific event or organization?		
The specific of organization:		

Submission of business or personal information is voluntary. Please be aware of our Privacy Policy.

Submit

Public reporting for this collection of information is estimated to be 5 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 by law. Notwithstanding any other provision of law, no person is required to respond to, nor shall any 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 currently 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.