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:

 Very satisfied Satisfied Unsure Dissatisfied Very dissatisfied

2. Please indicate whether your firms’ objectives were met by 3. Please indicate your results from participating in this mission.

 participating in this mission. (Some objectives may not apply).

 Yes No N/A Signed Pending

Finding a sales representative Number of agents/representatives \_\_\_\_\_\_ \_\_\_\_\_\_

Finding a licensee Number of licensee agreements \_\_\_\_\_\_ \_\_\_\_\_\_

 Finding a joint venture partner Number of joint venture agreements \_\_\_\_\_\_ \_\_\_\_\_\_

Immediate sales during event Number of sales leads \_\_\_\_\_\_\_\_

 Market exposure Sales during event: US$ \_\_\_\_\_\_\_\_

 Test market Projected 12-month sales: US$ \_\_\_\_\_\_\_\_

Other (specify: Other (specify):

4. Please indicate how participation in this event served your firm’s export interests (for example, cut lead time for market entry, found
 contacts/made sales your firm could not otherwise have made, provided strategic market exposure, etc.):

1. Additional comments:

Your Name (First, Last): Company Name:

Telephone Number : E-mail Address: