

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

	Yes	No	N/A
Finding a sales representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a licensee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a joint venture partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate sales during event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify): _____

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'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.):

5. Additional comments:

Your Name (First, Last): _____

Company Name: _____

Telephone Number : _____

E-mail Address: _____