

Exhibitor Evaluation Form

USDA-endorsed USA Pavilion

FOR ALL USA PAVILION EXHIBITORS

The U.S. Department of Agriculture (USDA) and your (*insert USDA-endorsed Trade Show name*) USA Pavilion organizer kindly request your feedback. Individual trade data will be kept **confidential**. **THANK YOU!**

COMPANY PROFILE

Please answer **ALL questions in this section including listing actual sales numbers in US\$**. **Individual data is kept confidential**. Combined results are used to evaluate future show endorsement and USDA/FAS programs.

First Name _____ Last Name _____

Job Title _____ Email _____

Company Name _____ Type of Products _____

1. **WHAT IS YOUR PRIMARY BUSINESS ACTIVITY? PLEASE CHECK ONE OF THE FOLLOWING:**

- Manufacturer Service
 Exporter/Trading Company Other: _____
 Distribution/Wholesaler

2. WHEN YOU PARTICIPATED IN THIS SHOW, **WAS YOUR FIRM NEW TO THIS MARKET?** YES NO
WHEN YOU PARTICIPATED IN THIS SHOW, **WAS YOUR FIRM NEW TO EXPORT?** YES NO

3. **PLEASE IDENTIFY YOUR COMPANY SIZE, SALES AND OWNERSHIP TYPE:**

- | <u>Sales</u> | <u>Employees</u> | <u>Ownership</u> |
|--|--|---|
| <input type="radio"/> under \$1 million | <input type="radio"/> 10-50 employees | <input type="radio"/> Women-owned |
| <input type="radio"/> \$1-10 million | <input type="radio"/> 50-100 employees | <input type="radio"/> Minority-owned |
| <input type="radio"/> \$10-50 million | <input type="radio"/> 100-250 employees | <input type="radio"/> Veteran-owned |
| <input type="radio"/> \$50-250 million | <input type="radio"/> 250-500 employees | <input type="radio"/> None of the above |
| <input type="radio"/> over \$250 million | <input type="radio"/> over 500 employees | |

4. **HOW MANY PRODUCTS DID YOU INTRODUCE OR TEST MARKET AT THIS SHOW?** _____

5. **WHICH PRODUCT TYPE GENERATED THE MOST BUYER INTEREST?** _____

6. **HOW MANY SERIOUS CONTACTS DID YOU MAKE?** _____

7. **What were your on-site sales in US\$ (contracts signed) at this show?** US\$ _____

8. **What are your projected 12-month sales in US\$ resulting from this show?** US\$ _____

Company Name _____

9. **Were the following show objectives met at the show?**

YES NO N/A

YES NO N/A

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- | | | | |
|---------------------------------|---|------------------------------|---|
| Finding a sales representative | <input type="radio"/> <input type="radio"/> <input type="radio"/> | Immediate sales during event | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Finding a licensee | <input type="radio"/> <input type="radio"/> <input type="radio"/> | Market exposure | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Finding a joint venture partner | <input type="radio"/> <input type="radio"/> <input type="radio"/> | Other | <input type="radio"/> <input type="radio"/> <input type="radio"/> |

SHOW QUALITY

10. **RATE SHOW'S EFFECTIVENESS IN MEETING YOUR EXHIBITING GOALS**

- Excellent Very Good Satisfactory Poor *Comment* _____

11. **RATE SHOW IN GENERAL: ATMOSPHERE, EVENTS PROGRAM, HOSPITALITY**

- Excellent Very Good Satisfactory Poor *Comment* _____

12. **RATE SHOW USA PAVILION: LOCATION**

- Excellent Very Good Satisfactory Poor *Comment* _____

13. A. **RATE THIS YEAR'S VISITORS AT THE SHOW**

	Excellent	Very Good	Average	Poor	N/A	<i>Comments</i>
Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Quantity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Traffic Flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

B. **FOR RETURNEES: RATE THIS YEAR'S VISITORS COMPARED TO PREVIOUS EDITION(S)**

	Excellent	Very Good	Average	Poor	N/A
Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic Flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **Would you participate in this show again?**

- yes** in the USA Pavilion outside of USA Pavilion Already booked pre-show
 larger booth ___ sqm **no** because _____
 same size ___ sqm **undecided** because _____
 downsize ___ sqm

15. **Would you participate other trade shows managed by (insert USA Pavilion organizer name)?** _____

PAVILION SERVICES

16. **Rate the Organizer's (insert USA Pavilion organizer name) communication, efficiency, helpfulness, quality:**

Preshow	Excellent	Very Good	Average	Poor	N/A	<i>Comments</i>
E-bulletins, alerts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Shipping & Consolidation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Exhibitor Manual/Catalogue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Company Name _____

Onsite	Excellent	Very Good	Average	Poor	N/A	<i>Comments</i>
Marketing Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Sign-in process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Onsite ordering, assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Customer Service quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

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USA Pavilion Design & Services

Pavilion Design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Additional Services (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ _____

17. **Please list** services that you would like to see in the future or services you don't require:

FAS-SPONSORED TRADE MISSIONS

RECEIVE UP-TO-DATE INFORMATION ON **FAS-SPONSORED INTERNATIONAL AGRIBUSINESS TRADE MISSIONS (ATMs)** AND **VIRTUAL TRADE EVENTS!**

yes, opt me in send opt-in also to colleague(s) Name _____
 no, not interested Email _____

TESTIMONIAL

Provide a quote mentioning benefits and/or successes that you achieved at **Fine Food Australia 2019**. Quote may be used in future exhibitor and/or visitor marketing materials. Thanks! Your support is greatly appreciated!

Your Signature

Date

Public Burden Statement. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The public reporting burden for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, and completing and submitting the collection of information.