OMB Control No.: 0551-####

Expiration Date: ##/##/####

**[VTE Title]**

**[VTE Dates]**

***Directions:*** *Fill out completely, including as much detail as possible. Incomplete applications are subject to disqualification.*

***Submission Checklist:***

*Completed, detailed application form.*

*Deadline* ***[date]****.*

*High-resolution company logo file.*

*High-resolution headshot.*

*Email application to* [***VirtualTradeEvents@usda.gov***](mailto:VirtualTradeEvents@usda.gov) ***Subject: Western Europe VTE***

**1. General Information**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Company Description:**(Detailed description to be used in virtual materials shared with host country distributors.)

|  |
| --- |
|  |

**Company Overview: Applications with two participants will be looked upon favorably.**

|  |  |  |
| --- | --- | --- |
| Participant 1: (person participating in VTE) | |  |
|  | *I commit to participating – or will make arrangements with FAS in advance for a suitable replacement representative – in the VTE for its entire duration.* | |
| Title: | |  |
| E-Mail: | |  |
| Telephone: | |  |
| Participant 2: (person participating in VTE) | |  |
|  | *I commit to participating – or will make arrangements with FAS in advance for a suitable replacement representative – in the VTE for its entire duration.* | |
| Title: | |  |
| E-Mail: | |  |
| Telephone: | |  |
| Street Address: | |  |
| City: | |  |
| State and Zip Code: | |  |
| Website: | |  |
| Market Sector/Commodity: | |  |
| State(s) of U.S. Production: | |  |
| Number of Employees: | |  |

**Company Designations:** (optional; check all that apply)

Female Owned  Minority Owned  Veteran Owned

Native American Owned  SME (500 or Fewer Employees)

**2. Background Information**

Description of Current International Activities:

|  |
| --- |
|  |

Trade Capacity Volume (Yearly Revenue/Sales):

|  |
| --- |
|  |

**3. Business Match-Making Profile**

Desired Business Partner: (Provide information on types of companies you are most interested in meeting and be as broad or specific as you prefer.)

Desired Size of Potential Partner: Profile of Desired Business Partner:

1 – 25 employees  Distributor

26 – 50 employees  Importer/Exporter

51 – 100 employees  Processor

>100 employees  Producer

Retailer

Wholesaler

**Are you already exporting to the country/region that is the focus of this VTE?**

Yes  No

**If so, what products are you exporting and who are you working with locally?**

**What specific food or agricultural product(s) do you want to export for the first time to this market or expand in the market?**

**Any specific companies or people you would like to meet with during the VTE? If so, who?**

**4. Additional Information**

**Interpretation Services:**

Do you require interpretation services for your business meetings?  Yes  No

### What would you like to achieve by joining this VTE?

|  |
| --- |
|  |

**How did you find out about this VTE?**

*Trade or Industry Organization:*

Food Export Association of the Midwest USA  Food Export USA Northeast

SUSTA  WUSATA  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

*USDA:*

FAS Website  USDA Email

***Please Note:*** *The information provided by your company for this application is for*

*internal use by the parties that are involved in the preparation of this VTE and will not be*

*disclosed to third parties. However, if your company is selected to participate in the VTE, your information – including company name, logo, and contact information – will be utilized to: 1) create business-to-business matches and 2) develop your company’s online profile, which is available to all participants during the live event as well as included in the downloadable .PDF directory.*