U.S.- [Country] Virtual Trade Event (VTE) Survey

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OMB Control No.: xxxx-xxxx Expiration Date: xx/xx/xxxx

Please take a few minutes to complete this survey form. As you are aware, [CONTRACTOR] partnered with USDA/FAS in organizing this event. We would like to hear about your experiences associated with the Virtual Trade Event (VTE) focused on the market in [COUNTRY]. Your feedback will be used to improve future virtual trade events.

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 valid OMB control number for this information collection is [Insert OMB control number]. The time required to complete this information collection is estimated to average **15 minutes per response**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314, ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

Req	uired
1.	Name of Attendee: *
2	Email: *
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3.	Organization Name: *

4. What is your organization type? *					
\bigcirc	U.S. Company				
\bigcirc	USDA Cooperator				
\bigcirc	State and Regional Trade Group				
\bigcirc	State Department of Agriculture				
\bigcirc	Other				

5.	. How many U.S. companies did you bring and/ or support to this VTE? *					
6.	. Did you participate under one of USDA's market promotion programs? Please select the program you participated in. *					
	Market Access Program (MAP)					
	Regional Agricultural Promotion Program (RAPP)					
	Not Applicable					
	Other					

VTE Results

Trade and sales data supplied on this form is private, secure, and safeguarded and will not be shared with outside sources.

7.	Products Exhibited: *					
8.	When you participated in this VTE, was your firm new to this market ?					
	○ Yes					
	O No					
9.	When you participated in this VTE, was your firm new to export ?					
	○ Yes					
	○ No					

10. Ho	v many products did you introduce or test market at this VTE? *
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Other

1. How many business-to-business meetings did you conduct for the entire VTE? *	
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Other

12. What were your on-site sales in US\$ (contracts signed) at this VTE? *					
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\bigcirc	1,000				
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3.	Wha	at are your projected 12-month sales in US\$ resulting from this VTE? *
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18.		ortunities?
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19.	How	was the duration of this VTE?
	\bigcirc	Too short
	\bigcirc	Good length
	\bigcirc	Too long
20.	Wou	ıld you participate in another VTE?
	\bigcirc	Yes
	\bigcirc	No
	\bigcirc	Maybe
21.	How	did you find out about this VTE? (check all that apply)
		Notification from USDA/FAS staff
		U.S. Embassy or AmCham Announcement
		FAS website
		Trade/Industry Organization or SRTG Announcement
		Other
22.	Whi	ch factor weighed most heavily on your decision to participate in this VTE?
	\bigcirc	Opportunity to network
	\bigcirc	Opportunity to expand sales in the region
	\bigcirc	Opportunity to start business in the region
	\bigcirc	USDA endorsement/ sponsorship of the VTE
	\bigcirc	Other

		or could your experience during this VTE be improved?
		Better pre-event information and preparation
		More networking opportunities
		Improved virtual platform
		More focused meetings with potential buyers
		Increased support from event organizers
		More diverse industry representation
		Enhanced cultural and market briefings
		Longer duration for the trade event
		More follow-up support post event
		Other
24.	Plea	se list any services that you would like to see in the future.
25.		eive up-to-date information on USDA-sponsored trade events (trade shows, virtual trade nts, trade missions)? Yes, opt me in No, not interested
26.		d opt-in also to colleague(s) : se provide name and email of colleague(s):

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