U.S. Exhibitor Survey Form for Trade Shows

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OMB Number: xxxx-xxxx Expiration Date: xx/xx/xxxx

The U.S. Department of Agriculture (USDA) and your (insert USDA-endorsed Trade Show name) USA Pavilion organizer kindly request your feedback.

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.

Requi	red
1. N	lame of Attendee: *
2 -	
2. E	mail: *
3 D	hone Number:
J. 1	note Number.
4. C	Organization Name: *

5.	Wha	at is your organization type? *
	\bigcirc	U.S. Company
	\bigcirc	USDA Cooperator
	\bigcirc	State and Regional Trade Group
	\bigcirc	State Department of Agriculture
	\bigcirc	Other
6.	Did	you participate in this show as a member of an association or organization? *
	\bigcirc	Yes, a USDA Cooperator
	\bigcirc	Yes, a State and Regional Trade Group
	\bigcirc	Yes, a State Department of Agriculture
	\bigcirc	No, I am not a member of any association or organization.
	\bigcirc	Other
7.	Wha	at is the name of the association or organization you are a member of? *
7.	Wha	at is the name of the association or organization you are a member of? *
		at is the name of the association or organization you are a member of? * ducts Exhibited: *
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8.	Proc	ducts Exhibited: *
8.	Proc	ducts Exhibited: * en you participated in the show, was your firm new to this market?
8.	Proc	ducts Exhibited: * en you participated in the show, was your firm new to this market? Yes
9.	Proc	ducts Exhibited: * en you participated in the show, was your firm new to this market? Yes
9.	Proc	ducts Exhibited: * en you participated in the show, was your firm new to this market? Yes No

Company Profile and Trade Show Results

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

11. Com	npany Sales:					
		<\$1 Million	\$1-10 million	\$10-50 milli	on \$50-100 million	>\$100 Million
Sal	es	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
12. Nun	nber of Empl	oyees:				
		<10	10-50	50-100 1	00-250 250-500	>500
Em	ployees	\bigcirc	\bigcirc	\bigcirc	0 0	\bigcirc
13. Com	npany Owner	ship: *				
	Women-owned	d				
	Minority-owne	d				
	Veteran-owned	d				
	Tribal-owned					
	LGBTQ-owned					
	Prefer not to a	nswer				
	None of the ab	oove				
	Other					
14. Is yo	our business l	ocated in a co	ounty with less	than 50,000 res	sidents? *	
\bigcirc	Yes					
\bigcirc	No					
\bigcirc	I do not know					

15.	How	many products did you introduce or test market at this trade show? *	
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	\bigcirc	1	
	\bigcirc	2	
	\bigcirc	3	
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\bigcirc	48

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Other

16. How many serious contacts did you establish as a direct result of this trade show? *	
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Other

17. \	Nha	at were your on-site sales in US\$ (contracts signed) at this trade show? *
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18.	Wha	t are your projected 12-month sales in US\$ resulting from this trade show? Please ude any on-site sales in your projected 12-month sales. *
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) Other		

Did you participate under one of USDA's market promotion programs?
Market Access Program (MAP)
Regional Agricultural Promotion Program (RAPP)
Not Applicable
Other
Besides this trade show, are you implementing programs funded by MAP or RAPP in this market?
○ Yes
○ No
How many U.S. companies did you bring and/or represent at this trade show?
How many of those companies were supported using MAP and/ or RAPP funding?
Do you have a local representative or branch office in this market?
Yes
○ No

O No

Undecided

Tr	ade Show Rating:
	itar = Poor
	tars= Satisfactory tars= Excellent
	As part of our ongoing efforts to showcase success stories from recent trade shows, we are compiling quotes from participating companies. Could you please provide a brief quote highlighting the positive impact that the trade show had on your business? Specifically, we are interested in any significant outcomes, partnerships formed, or business growth you experienced as a direct result of participating in the trade show.
25.	Rate the trade show in general :
26.	Rate this year's visitors at the show:
	☆ ☆ ☆ ☆ ☆
27.	Rate the (insert USA Pavilion organizer name) communication, efficiency, helpfulness, quality:
28.	Would you participate in this show again?
	Yes

29. How did you find out about the trade show? (check all that apply)
USDA announcement
U.S. Embassy or AmCham Announcement
FAS website
Trade/Industry Organization or SRTG Announcement
Notification from USDA/FAS staff
The USA Pavilion Organizer
Other
30. How could your experience during the trade show be improved?
31. Please list any services that you would like to see in the USA Pavilion in future trade shows:
32. Would you like to receive up-to-date information on USDA-sponsored trade events (trade shows, virtual trade events, trade missions)?
Yes, opt me in
No, not interested
33. Send opt-in also to colleague(s):
33. Send opt-in also to colleague(s): please provide name and email of colleague(s):

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