

APPLICATION FOR PARTICIPATION IN PR-STEP EVENTS OR PROGRAMS



DATE:	
EVENT:	
COMPANY NAME:	
Postal Address:	
President/CEO:	
Contact Person & Title:	
Telephone:	
Fax:	
Website:	
COMPANY REPRESENTATIVES PARTICIPATING (2 people maximum)	
First Participant:	Position in the company:
Telephone(s):	Fax:
E-mail:	
Second Participant:	Position in the company:
E-mail:	Telephone:

COMPANY PROFILE

Year established: _____	Number of employees: _____
Type of business: (Please, select all that apply)	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Product line representative <input type="checkbox"/> Export Management Company <input type="checkbox"/> Services (Please, specify type of service): _____	<input type="checkbox"/> Agriculture <input type="checkbox"/> Construction <input type="checkbox"/> Franchise <input type="checkbox"/> Importer <input type="checkbox"/> Other (Please, specify): _____
Annual sales volume:	
<input type="checkbox"/> <\$1 million <input type="checkbox"/> from \$1 million to less than \$3 millions <input type="checkbox"/> from \$3 to \$5 millions <input type="checkbox"/> >\$5 millions	
Export sales as percentage of annual sales volume:	
<input type="checkbox"/> Not currently exporting <input type="checkbox"/> 25% or less <input type="checkbox"/> More than 25% but less than 50% <input type="checkbox"/> 50% or more	
If applicable, mention the two major exporting countries and percentage of sales:	

Brief overview of your company:

PRODUCTS AND/OR SERVICES DESCRIPTION

Briefly describe the products and/or services you want to export. *Include all competitive advantages and unique characteristics that differentiate your product from the competition.*

PRODUCT/SERVICE	COMPETITIVE ADVANTAGE

Mention the main competitors of your business at the local and international market.

Mention the type of consumer of your product or service.

COMPANY OBJECTIVES

Indicate the type of business relation you are looking for:

- | | |
|--|---|
| <input type="checkbox"/> Distributor
<input type="checkbox"/> Agent / Sales Representative
<input type="checkbox"/> Franchise
<input type="checkbox"/> Retailer
<input type="checkbox"/> Joint Venture | <input type="checkbox"/> Outsourcing
<input type="checkbox"/> Investor
<input type="checkbox"/> Other (Please, specify below):
_____ |
|--|---|

Describe specific requirements that the company you are looking for a possible business relation must have.

Tell us if you want we contact any specific company or type of business:
 No Yes (*Please, provide contact information*):

COMPANY NAME	CONTACT INFORMATION

Does your company have exclusive business representation in a country or region? No Yes

Which country or region: _____

Name of the company: _____

Contact person and e-mail: _____

The US Small Business Administration (SBA) would like to give eligible small business concerns the opportunity to expand your knowledge and resources of other programs that are offered by the agency. Please check the appropriate box if you would like for your company’s name and contact information to be shared with other programs offer by SBA. Your choice to participate or not, will not change the status of your participation with STEP.

Yes No

This event is partially funded through a grant with SBA. Please respond, which of the following attributes assigned by SBA to businesses applies to your company?

<input type="checkbox"/> Frequent – I have participated at other international trade events coordinated by PR Trade this year <input type="checkbox"/> Social & Economic – the owners are socially and economically disadvantaged <input type="checkbox"/> Woman – the company owner is a woman <input type="checkbox"/> Veteran – the company owner is a veteran	<input type="checkbox"/> Disabled veteran – the company owner is a veteran with a service connected disability <input type="checkbox"/> Rural – the main office is located outside the metropolitan area or in a community with less than 50,000 habitants
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NOTIFICATION: Any company interested in participating in a trade event must also complete and submit the following documents:

___ Export Readiness Questionnaire; ___ Term and Conditions Form;
 ___ SBA 1624 Form; ___ SBA Self Representation Form

“I hereby certify that all information provided in this document, as well as any accompanying documents, are true and complete”.

NAME AND SIGNATURE