

OVERSEAS BUSINESS INTEREST QUESTIONNAIRE

This report is authorized by law (22 U.S.C. 2451 at seq.). While you are not required to respond, your cooperation is needed to enable us to assist you in achieving your business objectives.

Public reporting for this collection of information is estimated to be 30 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.

PLEASE PREPARE IN DUPLICATE - FOR EACH LOCATION TO BE VISITED

Name of event	Date
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Name of member:	Title:
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Name and address of company (Street, city, state, zip code)	Area Code, Telephone and Fax Numbers
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2. Describe products which you are interested in promoting (Attach one representative catalog.)

4. Objective in participating (Check only 3 of the 7 listed objectives, in order of importance 1,2,3)

	1	(1)	(2)	(3)
a. FINDING SALES REPRESENTATIVE OR DISTRIBUTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. FINDING LICENSEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. FINDING JOINT VENTURE PARTNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. EXPOSURE TO NEW BUSINESS PROSPECTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. PRODUCT TESTING/MARKET RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. IMMEDIATE SALES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. OTHER (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Describe customers who uses your products/services

6. Describe any special qualifications needed to handle your products suitably, such as technical or engineering training, servicing facilities, type of machinery used, etc.

7. Names and addresses, if known, of specific firms with whom you wish appointments

8. Do you presently have representatives in the cities or countries which the Mission will visit?
(If yes, list names and addresses)

YES NO