



Iowa Economic Development Authority
 in partnership with the
 U.S. Department of Commerce, Foreign Commercial Service – The Philippines
 United Base LLC - Vietnam

Business to Business Meeting Questionnaire

The IEDA will work in partnership with the U.S. Department of Commerce in Manila, the Philippines, and United Base in Vietnam to organize your business meetings. In order to assist you in meeting your mission goals, please complete the following U.S. Department of Commerce Gold Key Matching Service questionnaire. The more detailed your response the more successful your meetings will be.

Business to Business Meeting is requested for the following country (please mark):

Hanoi and Ho Chi Minh City, Vietnam

Manila, Philippines

A. CONTACT INFORMATION

Company Name:		
Address:		
City:	State:	Zip Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		
Alternate Contact:		Title:
Alternate Contact E-mail:		Alternate Contact Tel:

B. COMPANY INFORMATION

Company Activity: (select all that apply)

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Company
<input type="checkbox"/> Exclusive distributor	<input type="checkbox"/> Franchisor
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other (please specify): _____

Has your firm ever used the Gold Key Matching Service? Yes No

When? _____ Where? _____

C. PRODUCT/SERVICE INFORMATION

Export Control Classification Number (ECCN): _____

HS Code: _____ Does your product contain at least 51% U.S. content? Yes No

Who are your major competitors at home and abroad?

List the most important end-users or end-user industries for this product/service.

How is your product typically distributed and marketed in the United States (and in other countries if applicable)?

What type of licensing or registration does it require in the U.S.?

What related products might an agent/distributor of this product also handle?

D. BUSINESS OBJECTIVES

What type of business contacts are you seeking?

VN	PHIL		VN	PHIL
<input type="checkbox"/>	<input type="checkbox"/>	Distributor / Wholesaler	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Agent / Sales Representative	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Franchisee	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			Joint Venture Partner or Licensee	
			Direct sales	
			Other: _____	

Is your firm seeking representation on an exclusive basis in this market? Yes No

Describe any preferences, requirements, or pre-qualifications that the ideal prospect must have, such as English language ability, size, revenue, coverage, client base, investment etc - Please differentiate for each country (VN or PHIL), if needed.

Describe any special features of your company's operations, interests, or objectives in the target market that can help us identify potential business partners. etc - Please differentiate for each country (VN or PHIL), if needed.

Are there any specific companies, or types of companies, you would like us to contact?
If so, please name them.

Are there any specific companies, or types of companies, you would NOT like us to contact?
If so, please name them.

Will you need an interpreter for your business meetings? VN Yes No
PHIL Yes No

E. Local Partner Information (If Applicable)

Is your company currently represented in this country or region?	VN <input type="checkbox"/> Yes <input type="checkbox"/> No
	PHIL <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is your distributor aware you are seeking additional representation?	VN <input type="checkbox"/> Yes <input type="checkbox"/> No
	PHIL <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this arrangement exclusive?	VN <input type="checkbox"/> Yes <input type="checkbox"/> No
	PHIL <input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, Please provide the necessary contact information of your current representative/partner:	
Company name:	
Address:	
Contact Person:	Title:
Contact Tel:	Contact Fax:
Contact E-mail	

F. Logistical Information

Desired Dates for Service: Ho Chi Minh City – February 26-27, 2013 Manila, The Philippines – February 28 – March 1, 2013	Alternative Dates: NONE
Desired Locations: Manila, The Philippines Ho Chi Minh City, Vietnam	
Additional Services?	

G. Target Market Vietnam - Philippines

Which of the following is the best description of your company’s activity in the target market for the focus products or services indicated above? VN PHIL <input type="checkbox"/> <input type="checkbox"/> No previous activity <input type="checkbox"/> <input type="checkbox"/> Indirect sales through domestic distributors, brokers or export management companies <input type="checkbox"/> <input type="checkbox"/> Established history of export sales <input type="checkbox"/> <input type="checkbox"/> Established history of import purchases <input type="checkbox"/> <input type="checkbox"/> Other (specify):
Target market objectives: Indicate your goals (check all that apply): VN PHIL <input type="checkbox"/> <input type="checkbox"/> Explore market potential <input type="checkbox"/> <input type="checkbox"/> Increase market share or sales volume <input type="checkbox"/> <input type="checkbox"/> Source product(s) for import <input type="checkbox"/> <input type="checkbox"/> Contract manufacture components or finished products <input type="checkbox"/> <input type="checkbox"/> Establish company-owned sales office or distribution center <input type="checkbox"/> <input type="checkbox"/> Joint venture or acquire an existing company in the target market <input type="checkbox"/> <input type="checkbox"/> Contract services in the target market <input type="checkbox"/> <input type="checkbox"/> Other (specify):
If your objectives include increasing sales in the target market, what percent of last year’s total company sales were derived from this market? How would you rate the results you’ve had so far in the target market? VN PHIL <input type="checkbox"/> <input type="checkbox"/> Excellent, sales have increased % over the past years. <input type="checkbox"/> <input type="checkbox"/> Good, but would like to increase business by % over the next years. <input type="checkbox"/> <input type="checkbox"/> Fair, would like to expand but don’t know how to proceed. <input type="checkbox"/> <input type="checkbox"/> Negative, despite our best efforts, need help <input type="checkbox"/> <input type="checkbox"/> New market – No past objectives

Participation Agreement

The International Trade Office of the Iowa Economic Development Authority (IEDA) has responsibility for planning and implementation of the above activity. IEDA serves as the liaison between participating companies and the overseas contractors for each event; plans new events based on input from companies and contractors; coordinates logistics; compiles company/product information provided by participating companies for inclusion in event directories; collects participation fees; and provides on-site event management and quality assurance. Participating companies agree to provide all necessary paperwork, company brochures and participation fees by specified deadlines; make necessary travel arrangements and pay all expenses incurred by their representatives for transportation, lodging, meals and any AV equipment rental; and when applicable submit ETAP Final Report by specified deadlines for reimbursement. Company representatives agree to participate in all scheduled meetings unless advance arrangements are made; conduct themselves in a professional manner; participate in the debriefing; and complete a brief evaluation.

Cancellation of participation 60 days prior to departure will result in a maximum reimbursement of 50 percent of participation fee. Reimbursement amount will be adjusted based on actual costs incurred as of cancellation date. Cancellation 45 days or less prior to departure will result in forfeiture of all participation fees regardless of actual costs incurred as of cancellation date. All reimbursements will be processed by IEDA upon receipt of a formal letter of withdrawal from participation in the planned activity, and an invoice, on company letterhead and will be considered effective from the date of receipt at the IEDA offices. Events cancelled by IEDA will result in a 100 percent refund of participation fees.

Completed by: Name _____ Title _____ Date _____

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For Office Use Only:

Date Received: _____

Date Sent: _____

Fee: \$ _____
ETAP Application
Traveler Information Sheet
Company Description Product
Marketing Materials
Passport/Visa

Please submit your completed application to Joseph Rude at joseph.rude@iowa.gov, or fax to 515.725.3010

Your participation fee must be received by IEDA before research for your business meetings can begin.