

TRADE SHOW ASSISTANCE PROGRAM
REIMBURSEMENT REQUEST & SURVEY FORM

(This form must be returned within 45 days of the show completion date)

ATTENDEE INFORMATION

Company: _____ Tax ID Number: _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Website: _____

TRADE SHOW ATTENDED

Show name: _____ Show location: _____
Show dates: _____

SHOW GOALS

Did you reach the goals specified in your application? Why or why not?
Goal #1 _____

Goal #2 _____

Goal #3 _____

SHOW RESULTS

What were your total sales generated at the show? _____ How many total leads were generated? _____
Based on the results you achieved, are you planning to attend this show again next year? Yes No Depends
If yes, what, if anything, will you do different in your exhibiting? _____

If no, what are primary reasons? _____

If depends, please explain. _____

BUDGET

Enter the estimated costs and the amounts that were actually spent in each of the budget categories for which you requested funds. Number each of the corresponding receipts and staple or tape them to a separate sheet/s of paper. Fifty percent of the actual costs in these categories will be reimbursed up to a total base amount of \$2,000. Any bonus amounts you were awarded will be added to the base total.

Category	Estimated Cost	Actual Cost	Receipt #	For Internal Use Only Do Not Write In This Column
Exhibition & Space				
Booth/Table				
Exhibitor Badges				
Display				
Graphics/Banners/Signs				
Literature holders/racks				
Decorations				
Lighting fixtures				
Other:				
Booth Furnishings				
Tables/Chairs/Trash can				
Floor coverings				
Other:				
Shipping and Storage				
Freight				
Drayage				
Exhibit Storage				
Other:				
Show Services				
Labor: Setup/Tear down				
Utilities				
Card reader				
Security				
Other:				
Advertising and Promotion				
Show literature				
GRAND TOTAL				
multiply by 50%	x .50	x .50		x .50
BASE AMOUNT TOTAL				

Were there significant differences between the "Estimated Costs" and the "Actual Costs?" Please explain: _____

How did the cost of the show compare to the results you achieved? _____

Was the assistance you received from this program appropriate and helpful? Please explain. _____

What can we change or improve to further assist companies in trade show exhibiting? _____

Other comments: _____

CERTIFICATION

On behalf of the organization identified on this Reimbursement Form, I certify that to the best of my knowledge and belief the information contained is true and correct and the governing body of the company has duly authorized the documentation.

Signature (required)

Name (printed)

Title

Date

Return the completed form with attached receipts to:

Lonie Stimac, Marketing Officer
International Trade & Relations Bureau
Montana Department of Commerce
PO Box 200505
301 S. Park Avenue
Helena, MT 59620-0505

Voice: 406-841-2783 Fax: 406-841-2728
lstimac@mt.gov

