



MONTANA DEPARTMENT OF COMMERCE TRADE SHOW ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION

Company: _____ Tax ID Number: _____

Contact: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Website: _____

Will you be sharing the exhibit booth with another business? Yes No

If yes, who is it and what product do they sell? _____

TRADE SHOW INFORMATION

Show name: _____ Show location: _____

Show dates: _____ Type of show: _____
(i.e. Wholesale gift show)

Number of exhibitors: _____ Number of buyers: _____ Type of buyers: _____
(i.e. wholesale, retail)

What is the target market area? _____
(i.e. East coast, Pacific NW, Europe, Taiwan, Canada)

Show contact person: _____ Phone: _____

Show e-mail: _____ Show Website: _____

How do you know about this show? _____

Have you exhibited at this trade show before? Yes No Have you exhibited at other trade shows before? Yes No

If yes, what, when and where was last show? _____

If an international show/mission, are you utilizing the US Commercial Services Gold Key program? Yes No

PRODUCT INFORMATION

Product/s or service you will exhibit? _____

How do you plan to fulfill the additional orders you may receive as a result of this trade show?

Explain how your business impacts the state economy (i.e. provides jobs, uses local materials, etc.; attach additional page if needed):

How many employees work for your company including yourself? _____ Fulltime _____ Part-time _____ Contracted

CURRENT MARKETING STRATEGY

Geographic Markets (areas you are currently selling in):

Local Statewide Regional (NW USA) National (USA)

International (list all countries): _____

Other: _____

Type of Buyers:

Wholesale/Distributors Manufacturers Sporting Goods Stores

Grocery Retailers Specialty/Gift Retailers Health/Natural Retailers

Convenience Retailers Hotels/Restaurants/Food Service Consumer/Public

Other: _____

Current Product Mix (Provide a list of your current product offerings even if you will not take them to this show):

Promotional methods you currently use:

Word-of-mouth Print Advertising Radio Advertising TV Advertising

Direct Marketing Business Webpage Internet Banner Ad Trade Shows

Other: _____

TRADE SHOW FIT WITH MARKETING STRATEGY

Based on the information you have presented so far, how does this trade show fit into your current strategy?

SHOW GOALS

(Make them specific, measurable, attainable, realistic, and have a timeframe/deadline; i.e. To generate 50 leads from new prospects to be converted into 10 sales by 01/01/08):

Goal #1 _____

Goal #2 _____

Goal #3 _____

BUDGET FOR ELIGIBLE EXPENSES (Mark N/A for services/items that do not apply)

Below are the items that are eligible for 50% reimbursement from this program. However, these are not all of the expenses that you will incur. You may find it useful to also complete the enclosed worksheet to estimate your TOTAL cost of participating in this Trade Show.

Participants using the US Commercial Services Gold Key program are eligible only for 50% program fee reimbursement. None of the other categories will apply except for Parts A & B of the Bonus Eligibility.

Category	Estimated Cost
Exhibition & Space	
Booth/Table or Gold Key Program Fee	
Exhibitor Badges	
Sub-Total	
Display	
Graphics/Banners/Signs	
Literature holders/racks	
Decorations	
Lighting fixtures	
Other:	
Sub-Total	
Booth Furnishings	
Tables/Chairs/Trash can	
Floor coverings	
Other:	
Sub-Total	

Category	Estimated Cost
Shipping and Storage	
Freight	
Drayage	
Exhibit Storage	
Other:	
Sub-Total	
Show Services	
Labor: Setup/Tear down	
Utilities	
Card reader (Data collection)	
Security	
Other:	
Sub-Total	
Advertising and Promotion	
Show literature	
Sub-Total	
GRAND TOTAL (Add all sub-total amounts)	
multiply by 50%	x .50
TOTAL AMOUNT REQUESTED	

BONUS ELIGIBILITY

A. Are you a registered participant in the <i>Made in Montana</i> program? Yes No	<i>For Internal Use Only</i>
B. Have you successfully completed any of the following (for any checked, attach a copy of completion certificate):	A.
<input type="checkbox"/> NxLevelL Entrepreneurial Training Seminar/Indianpreneur Training	B.
<input type="checkbox"/> TRACE (Transforming Regional Artisans into Creative Entrepreneurs) Program	C.
<input type="checkbox"/> MSU/CAE (Creative Arts Enterprise) Training Course	
<input type="checkbox"/> MT Department of Commerce Export Training Modules/M2TAP Participant	
C. Is this Trade Show being held outside of the United States?* Yes No	TOTAL BONUS
* US Commercial Services Gold Key participants are not eligible for this bonus.	
If yes, specify country: _____	

DO NOT WRITE IN THIS SPACE – For Internal Use Only

	TOTAL ELIGIBILITY
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CERTIFICATION

On behalf of the organization identified in this application, I certify that the submitted application meets all the eligibility requirements for the Montana Department of Commerce Trade Show Assistance Program.

I understand that no funds will be awarded to a project that is completed prior to written or electronic approval notification by the International Trade & Relations Bureau, of the Montana Department of Commerce.

The applicant hereby certifies:

- A. That the applicant will comply with all applicable laws and regulations prohibiting discrimination on the basis of race, sex, religion, national origin, age, or handicap.
- B. The applicant is aware the Department must comply with certain state requirements, which may impact proposed projects. Department funded projects must comply with all federal, state and community licenses, permits, laws and regulations.
- C. To the best of my knowledge and belief the information contained in this application is true and correct and the governing body of the applicant has duly authorized the documentation.

Signature (required)

Name (printed)

Title

Date

Return the completed application 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



For helpful exhibiting and trade show tips go to www.exhibitoronline.com.

Trade Show Budget Worksheet

Use this form to help estimate the **TOTAL** cost of attending and exhibiting at the trade show. The items with a * are those eligible for 50% reimbursement from the Montana Department of Commerce Trade Show Assistance Program.

This form is **OPTIONAL** and is for use. It is **not required** as part of the application process.

Category	Estimated Cost	Category	Estimated Cost
Exhibition & Space		Show Services	
Booth/Table*		Labor: Setup/Tear down*	
Exhibitor Badges*		Utilities*	
Other:		Card reader (Data collection)*	
		Booth Cleaning	
Sub-Total		Security*	
		Other:	
Display		Sub-Total	
Design and construction		Advertising and Promotion	
Graphics/Banners/Signs*		Pre-show promotion	
Display products		On-site promotion	
Literature holders/racks*		Post show promotion/followup	
Decorations*		Direct Mail	
Easels		Special uniforms	
Tool kit		Handouts/Give-aways	
Lighting fixtures*		Show literature*	
Other:		Other:	
Sub-Total		Sub-Total	
Booth Furnishings		Show Attendance	
Tables/Chairs/Trash can*		Travel	
Floor coverings*		Hotel	
Plants/Floral arrangements		Meals	
Other:		Rental car	
Sub-Total		Workshops	
Shipping and Storage		Other:	
Freight*		Sub-Total	
Drayage*		Total of this column subtotals	
Exhibit Storage*		Total of column 1 subtotals	
Insurance		GRAND TOTAL	
Other:		<i>(What it will cost to exhibit at the show)</i>	
Other:			
Sub-Total			
Total of this column sub-totals			