

ACTIVITY REPORT



RETURNING THIS FORM TO AGRI-FOOD EXPORT GROUP IS MANDATORY IN ORDER TO GET FUNDING FOR YOUR PARTICIPATION TO AN ACTIVITY.

NOTE : THIS FORM HAS BEEN CREATED TO MEET THE GOVERNMENTAL FUNDING PROGRAMS CRITERION. THEREFORE IT IS MANDATORY TO ANSWER ALL QUESTIONS IN ORDER FOR YOUR CLAIM TO BE PROCESSED.

Name of event

Date of event

Name of participating company

Type of participation (exhibitor/visitor)

Name of participants (**maximum 2 persons**)

1. _____

2. _____

What is your goal in this market?

- Strengthening Diversification New market

Indicate the **number** of representatives with whom you have had serious contact and who require a follow-up.

Distributors	<input type="text"/>	Brokers	<input type="text"/>	Wholesalers	<input type="text"/>
Retailers	<input type="text"/>	Importers	<input type="text"/>	Others	<input type="text"/>

Which distribution network are you looking for?

- Industrial Institutional Hotels and restaurants Retail Others _____

What total sales relative to this event have you achieved or are you anticipating for the next 12 months?

(in CAD\$ – check **one box only**)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 – 100 000 \$ | <input type="checkbox"/> +100 000 – 250 000 \$ | <input type="checkbox"/> +250 000 – 500 000 \$ |
| <input type="checkbox"/> +500 000 – 750 000 \$ | <input type="checkbox"/> +750 000 – 1 million \$ | <input type="checkbox"/> +1 – 1,5 million \$ | <input type="checkbox"/> +1,5 – 2 million \$ |
| <input type="checkbox"/> +2 – 2,5 million \$ | <input type="checkbox"/> +2,5 – 3 million \$ | <input type="checkbox"/> +3 – 3,5 million \$ | <input type="checkbox"/> +3,5 – 4 million \$ |
| <input type="checkbox"/> +4 – 5 million \$ | <input type="checkbox"/> +5 – 6 million \$ | <input type="checkbox"/> +6 million and more | Precise number _____ |

Any signed contracts related to this event?

- No Yes _____ \$

Targeted geographic markets related to this event : _____

Are you planning other activities on this territory for the next 12 months?

- Exhibition Store promotion Mission Introduction Other : _____

Upon completion of this event, will you have to adapt ... (add your comments):

- | | |
|--|---|
| <input type="checkbox"/> your products : _____ | <input type="checkbox"/> your packaging : _____ |
| <input type="checkbox"/> your labels : _____ | <input type="checkbox"/> other: _____ |

If so, when are you planning making these changes? _____

Indicate your satisfaction level on a scale of 1 to 5 (5 being excellent) :

- | | |
|-------------------------------------|----------------------|
| - the show itself : | <input type="text"/> |
| - Agri-Food Export Group services : | <input type="text"/> |

Is this your first event with the Agri-Food Export Group?

- Yes No

If not, to which event did you participate previously? _____

Contact person: _____

Signature: _____

Phone: _____

Fax: _____