TRADE SHOW ASSISTANCE PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
MARKETING AND INFORMATION DIVISION
SFN 60655 (8-2016)

APPLICANT INFORMATION

Name of Company		Telephone Number	
Name of Contact		Fax Number	
Address	City	State	ZIP Code
Email Address			
Website			
Are you exhibiting as an individual or sharing a booth? ☐ Individual ☐ Sharing			

TRADE SHOW INFORMATION

Name of Trade Show (do not use abbreviations)	Dates of Trade Show
Location of Show	State
Number of Exhibitors	Number of Buyers

Types of Buyers at the Trade Show: *(check all that apply)*

☐ Specialty and Gift Retailers ☐ Health and Natural Retailers ☐ Hotels and Restaurants
☐ Grocery Retailers ☐ Convenience Retailers ☐ Food Service
☐ Other (specify): _____

Trade Show Target Market: *(check all that apply)* ☐ Regional ☐ National ☐ International	Have you exhibited at this show in the past? ☐ Yes ☐ No

Trade Show Goals (detail your goals for this trade show)

Trade Show Budget

The assistance amount will be figured as 50% of the Total, not to exceed $1,000. For those items listed below that do not apply, indicate with “n/a”. Please note that the application does not imply or guarantee reimbursement by the North Dakota Department of Agriculture. Application approvals and reimbursement amounts are subject to funding availability.

Complete the *actual expense* estimate on Page 2.

Trade Show Budget	Totals (actual expense)
Booth Space (including transporting, electricity, chairs, flooring, etc.)	
Hotel - Number of Nights _____ @ $ _____ per night	

Travel Expenses

Air Fare (round trip) **OR**	
Mileage: Round Trip _____miles @ 28/cents/mile	
TOTAL ESTIMATED COST	

No other expenditures are reimbursable.

Remit to:
Department of Agriculture
Attn: Pride of Dakota
600 East Boulevard Avenue, Dept. 602
Bismarck, ND 58505-0020
701-328-2231
ndda@nd.gov

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Date Received
Member in Good Standing? ☐ Yes ☐ No
☐ Approved ☐ Denied
Authorized Signature