WORLD TRADE CENTER®
ARKANSAS
UNIVERSITY OF ARKANSAS

Application Due: December 15

Please fill out completely and in as much detail as possible.
This form is not a committment to participate.

Section 1: General Information

Company Name: _____

Company Logo: (Please enclose separately with application; high resolution files only.)

Company Description: (Please provide a detailed description of your company to be used on printed materials and for sharing with host country businesses.)

Company Overview:

Contact Name & Title (Person Most Likely to Join ATM):	
Company HQ Address (Street, City, State, Zip):	
Telephone:	
E-Mail:	
Website:	
Market Sector/Commodity:	
State(s) of U.S. Production	
Number of Employees:	

Company Designations: (optional; check all that apply)

☐ Female Owned ☐ Minority Owned ☐ Veteran Owned

☐ Native American Owned ☐ SME (500 or Fewer Employees)

Section 2: Background Information

Description of Current International Activities:

Trade Capacity Volume (Yearly Revenue/Sales):

Section 3: Business Match-Making Profile

Desired Business Partner: (Please provide information on the sorts of companies with which you are most interested in meeting and be as broad or specific as you prefer.)

Profile of Desired Business Partner:

Producer:	
Processor:	
Wholesaler:	
Retailer:	
Distributor:	
Importer/Exporter:	

Agency:	
Other Institutions:	

Desired Size of Business Partner

	1 – 25 employees
	26 – 50 employees
	51 – 100 employees
	>100 employees

Are you already exporting to the country/region that is the focus of this trade mission? If so, what products are you exporting there and who are you working with locally?

Do you have any specific companies or people you would like to meet with during the trade mission?

Please give details to the type of companies you would like to meet with.

Business-to-Business (B2B) Interactions Preference:

Business-to-Government (B2G) Interactions Preference:

Business-to-Consumers(B2C) Interactions Preference:

Is your company established in Arkansas?

If yes, provide the location of your branch(es).

If no, provide the location of your branch(es).

Section 4: Additional Information

Delegate Information:

How many delegates are attending?

List of Delegates (Names, Titles, E-Mail)

Interpretation Services:

Do you require interpretation services for your business meetings? ☐

Budget and Costs:

Estimated Budget for mission:

Source of Funding (self-funded, grants, etc):

Please provide a brief description of your business's goals and objectives for participating in this trade mission?

Please Note: The information provided by your company for this application is for internal use by the parties that are involved in the preparation of this mission and will not be disclosed to third parties – except for company name, logo, profile, and contact information. If your company is selected to participate, this information will provide the basis for creating your business matches. This form is NOT a commitment to participate. The cost of participation has not been finalized and will be communicated at a later date.

Please return to:
deniset@arwtc.org