

MAP Application

Applicant Information

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Trade Show Information

(DO NOT use abbreviations for Show Names)

Name of Trade Show: _____

Dates of Trade Show: _____

Location of Show: _____ State/Country: _____

Approximate Number of Exhibitors: _____ Approximate number of buyers: _____

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

____ Specialty and Gift Retailers ____ Health and Natural Retailers

____ Hotels and Restaurants ____ Grocery Retailers

____ Convenience Retailers ____ Food Service

____ Other (Please Specify) _____

Trade Show Target Market: *(Please check all that apply)*

____ Regional ____ National ____ International

Have you exhibited at this show in the past? ____ Yes ____ No