



TRADE MISSION/EXHIBITION EVALUATION FORM

Participant's Name :	
Company Name :	
Address :	
Telephone :	Fax :
E-mail :	Web :
Production :	
Activity Sector :	
Type of Activity :	
Branch/Holdings :	
Markets of Interest :	
Trade Mission/Exhibition :	

MISSION/EXHIBITION/CHAMBER SERVICE EVALUTATION

Level of satisfaction with the services offered by the Chamber: please indicate your preference alongside any applicable services:

	Excellent	Good	Satisfactory	Poor
Assistance with freight forwarding of goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of travel itinerary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation at collateral events/meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel (hostess/interpreter etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamber assistance during the mission/exhibition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We welcome your comments and suggestions in order to offer you the best possible services:

RESULT OBTAINED FROM THE MISSION/EXHIBITION

Number of Contacts obtained:
Agreements concluded, please also indicate the number and type of agreement, eg. Import/Export, joint venture etc. :

Level of satisfaction obtained from the Mission/Exhibition Excellent Good Satisfactory Poor

Signed:	Date:
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