

Participation Agreement

(Event I.D.)

Company's/Participant's Name, Address, Telephone and Fax Inform #2): Company'Participant is:	No Comes of Marie Control	D-
Company/Participant is: New-to-Export	. Name, Date and Site(s) of Promotional Event/Service:	
Company/Participant is: New-to-Export		
New-to-Export New-to-Market Old-to-Market 100-to-Market 100-299 250-499 500-999 1.000+ Name and contact information (address, telephone, fax, e-mail) of overseas representative(s) responsible for marketing ompany's/Participant's products in the trade event country or countries, if applicable. Participation fee of \$ Additional Information, if needed, e.g. description of display items, products or services being provided or promoted. Company/Participant agrees to abide by the terms of the attached Conditions of Participation, which form a part of this agreement, a cknowledges that information provided by Company/Participant to the Department of Commerce in connection with this event or servicely be made available to the public. Signature of Duly Authorized Company/Participant's Representative Date Print Name and Title U.S. Government Use Only 12. APPROVED FOR COMMERCE UNITS AMOUNT DUE \$	2. Company's/Participant's Name, Address, Telephone and Fax Numbers and E-mail Address:	
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Print Name and Title U.S. Government Use Only 12. APPROVED FOR COMMERCE INITS AMOUNT RECEIVED \$ Signature BALANCE DUE \$ Print Name and Organization	 Company/Participant agrees to abide by the terms of the atta acknowledges that information provided by Company/Participan may be made available to the public. 	ached Conditions of Participation, which form a part of this agreement, and nt to the Department of Commerce in connection with this event or service
U.S. Government Use Only 12. APPROVED FOR COMMERCE TOTAL AMOUNT DUE \$	Signature of Duly Authorized Company/Participant's	Representative Date
12. APPROVED FOR COMMERCE TOTAL AMOUNT DUE \$	Print Name and Title	
12. APPROVED FOR COMMERCE TOTAL AMOUNT DUE \$	USG	overnment Use Only
UNITS AMOUNT RECEIVED \$	10.	
BALANCE DUE \$		·
	UNITS	Signature Date
	11. ·	Print Name and Organization
FRINT OR LITTE OFFICER'S LAST NAME HIRST INITIAL	PRINT OR TYPE OFFICER'S LAST NAME FIRST INITIAL	-

This information collection is authorized by law (15 U.S.C. 1501 et.seq. 15 U.S.C. 171 et seq.) Although you are not required to respond, no agreement may be concluded for Company's/Participant's participation in a U.S. Department of Commerce-scheduled promotional event/service unless a completed Participation Agreement form has been received. Public reported burden for this collection of information is estimated to be 20 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. Notwithstanding any other provision of law, no person is required to respond, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th St. and Constitution Avenue, N.W., Washington, DC 20230.