



TRADE SHOW ASSISTANCE PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
BUSINESS, MARKETING AND INFORMATION DIVISION
SFN 60655 (04-2026)

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? <input type="checkbox"/> Individual <input type="checkbox"/> 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: <i>(check all that apply)</i> | | | |
| <input type="checkbox"/> Specialty and Gift Retailers | <input type="checkbox"/> Health and Natural Retailers | <input type="checkbox"/> Hotels and Restaurants | |
| <input type="checkbox"/> Grocery Retailers | <input type="checkbox"/> Convenience Retailers | <input type="checkbox"/> Food Service | |
| <input type="checkbox"/> Other (specify): _____ | | | |
| Trade Show Target Market: <i>(check all that apply)</i> | | Have you exhibited at this show in the past? | |
| <input type="checkbox"/> Regional | <input type="checkbox"/> National | <input type="checkbox"/> International | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

| Trade Show Budget | | Totals (actual expense) |
|---|---|-------------------------|
| Booth Space (including transporting, electricity, chairs, flooring, etc.) | | |
| Do you want reimbursement for the trade show booth space? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, have you already purchased the booth space? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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



For State Office Use Only

| |
|---|
| Date |
| Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Authorized Signature |