

## APPLICANT INFORMATION

| 7.1 - 2.107.11.1 Ortany (110.1)                               |                    |                  |          |  |
|---------------------------------------------------------------|--------------------|------------------|----------|--|
| Name of Company                                               |                    | Telephone Number |          |  |
| Name of Contact                                               |                    | Fax Numb         | er       |  |
| Address                                                       | City               | State            | ZIP Code |  |
| Email Address                                                 |                    |                  |          |  |
| Website                                                       |                    |                  |          |  |
| Are you exhibiting as an individual or sharing a booth?       | Individual Sharing |                  |          |  |
| How many employees work for your company, including yourself? |                    |                  |          |  |
| PRODUCT / SERVICE INFORMATION                                 |                    |                  |          |  |
| List the product/s or service you will promote at the show.   |                    |                  |          |  |
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|                                                               |                    |                  |          |  |
| Explain how your business impacts the state economy.          |                    |                  |          |  |
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| MARKETING                                                                                                                                                                                                                                                                      |                       |                                          |             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------|-------------|--|--|
| Current Marketing Strategy (select all that apply)                                                                                                                                                                                                                             |                       |                                          |             |  |  |
| Word of Mouth Social                                                                                                                                                                                                                                                           | Media                 | Website                                  |             |  |  |
| Print Advertising Direct                                                                                                                                                                                                                                                       | Marketing             |                                          |             |  |  |
| BUYERS                                                                                                                                                                                                                                                                         |                       |                                          |             |  |  |
| Type of Buyers (select all that apply)                                                                                                                                                                                                                                         |                       |                                          |             |  |  |
| Wholesale Manufa                                                                                                                                                                                                                                                               | acturers              | Consumers/Public                         |             |  |  |
| ☐ Distributors ☐ Retaile                                                                                                                                                                                                                                                       | ers                   |                                          |             |  |  |
| SHOWS                                                                                                                                                                                                                                                                          |                       |                                          |             |  |  |
| Name of Trade Show Applying For                                                                                                                                                                                                                                                |                       |                                          |             |  |  |
| Have you participated with North Dakota Agriculture shows in the past?                                                                                                                                                                                                         |                       |                                          |             |  |  |
| Yes - which ones: No                                                                                                                                                                                                                                                           |                       |                                          |             |  |  |
|                                                                                                                                                                                                                                                                                |                       |                                          |             |  |  |
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| What shows have you participated in the last 12 months?                                                                                                                                                                                                                        |                       |                                          |             |  |  |
|                                                                                                                                                                                                                                                                                |                       |                                          |             |  |  |
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| What do you hope to gain from this show?                                                                                                                                                                                                                                       |                       |                                          |             |  |  |
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| A complete application moved contain all                                                                                                                                                                                                                                       | limformation required | to donal base animinal airmatumas of the | - annlinent |  |  |
| A complete application must contain all information requested and have original signatures of the applicant.  The completed application must be submitted on or before the deadline date via email to <a href="mailto:shljohnson@nd.gov">shljohnson@nd.gov</a> , or mailed to: |                       |                                          |             |  |  |
| North Dakota Department of Agriculture                                                                                                                                                                                                                                         |                       |                                          |             |  |  |
| 600 E Boulevard Ave., Dept. 602                                                                                                                                                                                                                                                |                       |                                          |             |  |  |
| Bismarck, ND 58505-0020                                                                                                                                                                                                                                                        |                       |                                          |             |  |  |
|                                                                                                                                                                                                                                                                                |                       |                                          |             |  |  |
| Applicant Name                                                                                                                                                                                                                                                                 |                       |                                          |             |  |  |
| Signature                                                                                                                                                                                                                                                                      |                       |                                          | Date        |  |  |