



TRADE SHOW ASSISTANCE PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
BUSINESS, MARKETING AND INFORMATION DIVISION
SFN 60655 (12-2024)

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

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