

B2B MEETINGS ON FOOD SECTOR Cuneo, 25th – 26th November 2024

(da compilare in lingua inglese. Si prega di non scrivere a mano)

Company Profile

Company Name	<input type="text"/>
VAT N°	<input type="text"/>
Address	<input type="text"/>
Zip Code	<input type="text"/>
City	<input type="text"/>
Phone	<input type="text"/>
Company website	<input type="text"/>
Contact person	<input type="text"/>
Position in the company	<input type="text"/>
Phone	<input type="text"/>
Mobile	<input type="text"/>
E-mail	<input type="text"/>

Spoken Languages	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
2023 Turnover	<input type="text"/>
N° employees	<input type="text"/>
Does your company have any certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please detail	<input type="text"/>
Do you already export any products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate export % of the turnover	<input type="text"/>
If yes, in which Countries?	<input type="text"/>
DESCRIBE YOUR ACTIVITY AND PRODUCTS <input type="text"/>	

<p>Your main distribution channels in foreign markets</p>	<p> <input type="checkbox"/> Agents/Brokers <input type="checkbox"/> Wholesalers/distributors <input type="checkbox"/> Importers <input type="checkbox"/> Large scale retailers <input type="checkbox"/> Ho.Re.Ca. <input type="checkbox"/> Small shops / Gourmet shops <input type="checkbox"/> Other, please detail </p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>
<p>Do you sell private label?</p>	<p> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
<p>Main competitive factors of your company</p>	<p> <input type="checkbox"/> Price <input type="checkbox"/> Quality <input type="checkbox"/> Quality/Price ratio <input type="checkbox"/> Variety Range <input type="checkbox"/> Other, please detail </p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>
<p>Price range</p>	<p> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High </p>
<p>Do you have any exclusive agreements in European Countries?</p>	<p> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
<p>Is there any company you already cooperate with and you do not want to meet?</p>	<p> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
<p>If Yes, please specify giving the following information:</p>	
<p>Company Name 1</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Country and City</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Contact person	<input type="text"/>
Company Name 2	<input type="text"/>
Country and City	<input type="text"/>
Contact person	<input type="text"/>

Data: