



## South Carolina Trade Mission to Chile

**April 25-28, 2017**

**Deadline to Register: January 31, 2017**

The South Carolina Department of Commerce is leading a trade mission to Santiago, Chile. Companies that are approved to attend will have one-on-one meetings with prospective distributors, agents, and partners, arranged up by the U.S. Commercial Service. The trade mission is open to all South Carolina companies.

**Registration Fee:** Approximately \$1,900\*

\*Does not include airfare, lodging, or meals.

Financial support is available for qualified SMEs through the South Carolina Export Incentives Program. Limited to two representatives per company.

### **Logistics:**

Delegates will be responsible for arranging, confirming and payment of their own international flights. The South Carolina Department of Commerce will make hotel room block reservations and will provide ground transportation for meetings.

For more information, contact Anita Patel: 803-737-0247;  
apatel@SCcommerce.com.

### **At a Glance**

With a population of nearly 18 million, Chile offers a dynamic, transparent and low risk business climate for exporters. In addition, the U.S.-Chile Free Trade Agreement has been in place since 2004. (90% of U.S. products are automatically duty free)

### **Top Sectors:**

- Agriculture Machinery and Equipment
- Auto Parts
- Construction
- Electric Power Equipment
- Energy Efficiency
- Environmental Technologies
- Healthcare
- Mining Equipment
- Safety and Security
- Travel and Tourism
- Water Resources
- Agricultural Sectors



**South Carolina**  
Department of Commerce

Just right for business.



# Gold Key Matching Service Questionnaire



In order for us to assist you in meeting your export goals, please complete our Gold Key Matching Service questionnaire. Our U.S. Embassy or Consulate Staff will use the questionnaire to identify and select companies that can meet your specific needs.

Gold Key Matching Service is requested for the following country:

## A. CONTACT INFORMATION

Company Name:		
Address:		
City:	State:SC	Zip Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		
Alternate Contact:		Title:
Alternate Contact E-mail:		Alternate Contact Tel:

## B. COMPANY INFORMATION

Company Activity: (select all that apply) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Service Company
<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Franchisor
<input type="checkbox"/> Exclusive distributor		<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Export Management Company		
Has your firm ever used the Gold Key Matching Service? When? .		<input type="checkbox"/> Yes <input type="checkbox"/> No
Where?		
Are you currently working with a U.S. Export Assistance Center (USEAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide USEAC City and Trade Specialist name:		

## C. PRODUCT/SERVICE INFORMATION

Export Control Classification Number (ECCN): ?	
HS Code:	Does your product contain at least 51% U.S. content? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the product/service(s) you seek to promote, including its competitive advantages and unique selling proposition. Include its applications and unique features that differentiate your product from that of the competition.	
Who are your major competitors at home and abroad?	

List the most important end-users or end-user industries for this product/service.
How is your product typically distributed and marketed in the United States (and in other countries if applicable)?
What type of licensing or registration does it require in the U.S.?
What related products might an agent/distributor of this product also handle?

**D. BUSINESS OBJECTIVES**

<p>What type of business contacts are you seeking?</p> <p><input type="checkbox"/> Distributor / Wholesaler</p> <p><input type="checkbox"/> Agent / Sales Representative</p> <p><input type="checkbox"/> Franchisee</p> <p><input type="checkbox"/> Joint Venture Partner or Licensee</p> <p><input type="checkbox"/> Direct sales</p> <p><input type="checkbox"/> Other: _____</p>
Is your firm seeking representation on an exclusive basis in this market? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any preferences, requirements, or pre-qualifications that the ideal prospect must have, such as English language ability, size, revenue, coverage, client base, investment etc.
Describe any special features of your company's operations, interests, or objectives in the target market that can help us identify potential business partners.
Are there any specific companies, or types of companies, you would like us to contact? If so, please name them.

Are there any specific companies, or types of companies, you would NOT like us to contact? If so, please name them.
Is your company currently represented in this country or region? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is your distributor aware you are seeking additional representation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. GOLD KEY MATCHING SERVICE INFORMATION</b>
Desired Gold Key Dates: _____ Alternative Dates: _____
Desired Locations: _____
What type of logistical support will you require? (Select all that apply) <input type="checkbox"/> Hotel <input type="checkbox"/> Ground transportation <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (specify): _____

To complete your application for a Gold Key Matching Service, *please submit the following materials at least 6 weeks before the desired Gold Key dates:*

- Completed Gold Key Matching Service Questionnaire
- Company Introduction Letter on your company letterhead
- Payment
- A minimum of 15 sets (per day of Gold Key) of your company brochure
- Signed Participation Agreement

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*Official USFCS Use Only*

PA #: \_\_\_\_\_ SECTOR: \_\_\_\_\_

Commercial Specialist: \_\_\_\_\_

CLIENT USEAC: \_\_\_\_\_