

SOUTH CAROLINA TRADE MISSION TO TORONTO AND HALIFAX, CANADA

MISSION DATES: JULY 19 - 24, 2020
DEADLINE TO REGISTER: MAY 1, 2020

The South Carolina Department of Commerce is leading a trade mission to Canada! Companies that are approved to attend will have one-on-one meetings with prospective distributors, agents and partners, which are tailored to their business and goals. This multi-sector trade mission is open to all companies within South Carolina. With \$3.4 billion worth of South Carolina goods exported last year, Canada is one of the state's most strategic trade partners.

Financial incentives are available for qualified SME's through the South Carolina Export Incentives Program (STEP) to cover the mission fee and up to \$3,500 for approved travel costs. Limited to two representatives per company.

PARTICIPATION: \$7,000*

*Does not include airfare, lodging or meals. 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 offer transportation options between the cities and to meetings.

LEADING EXPORTS TO CANADA

- Automobiles
- Rubber and Rubber Articles
- Marine, Shipbuilding and Port Services
- Paper and Paperboard
- Life Sciences and Pharmaceuticals
- Healthcare
- Plastics and Plastic Articles
- Optical, Medical and Precision Instruments
- Electrically Machinery and Equipment
- Compressors and Pumps
- Aircraft and Related Parts
- Innovative Technologies

To join the mission, contact:

Norris Thigpen | 803-737-0598, nthigpen@sccommerce.com

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South Carolina
Department of Commerce

Just right for business.



South Carolina Trade Mission Meeting Profile Sheet

Please complete this profile sheet which will be used to assess your exporting goals.

A. South Carolina 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. South Carolina Company Information

Company Activity: (select all that apply)	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Exclusive Distributor <input type="checkbox"/> Export Management Company	<input type="checkbox"/> Service Company <input type="checkbox"/> Franchisor <input type="checkbox"/> Other (please specify): _____
Brief Company Description:	

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
What countries do you currently export to?	
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 U.S. (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> <table> <tr> <td><input type="checkbox"/> Distributor / Wholesaler</td> <td><input type="checkbox"/> Joint Venture Partner or Licensee</td> </tr> <tr> <td><input type="checkbox"/> Agent / Sales Representative</td> <td><input type="checkbox"/> Direct sales</td> </tr> <tr> <td><input type="checkbox"/> Franchisee</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Distributor / Wholesaler	<input type="checkbox"/> Joint Venture Partner or Licensee	<input type="checkbox"/> Agent / Sales Representative	<input type="checkbox"/> Direct sales	<input type="checkbox"/> Franchisee	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Distributor / Wholesaler	<input type="checkbox"/> Joint Venture Partner or Licensee					
<input type="checkbox"/> Agent / Sales Representative	<input type="checkbox"/> Direct sales					
<input type="checkbox"/> Franchisee	<input type="checkbox"/> Other: _____					
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? Yes No

If yes, is your distributor aware you are seeking additional representation? Yes No

E. Match-making

Have you done business in Canada before? Yes No

What cities in Canada would you like to visit on this mission?

Official SCDOC Use Only

Meeting Notes:

Action Items: