



- Alabama ■ Arkansas ■ Florida ■ Georgia
- Kentucky ■ Louisiana ■ Maryland ■ Mississippi
- North Carolina ■ Oklahoma ■ Puerto Rico
- South Carolina ■ Tennessee ■ Texas ■ Virginia
- West Virginia

Chile Outbound Trade Mission

Santiago, Chile • July 23-26, 2012

- Opportunity to participate in pre-arranged meetings with potential importers/buyers in the supermarket and retail sectors
- Our in-country consultant will provide a market assessment for your product(s)

The emergence of a strong middle class in Chile has increased demand for quality goods from overseas. The U.S.-Chile Free Trade Agreement makes Chile an ideal trading partner for companies from the southern U.S. This is a wonderful opportunity to meet with buyers and importers in the competitive supermarket and retail sectors.

Best Prospects:

■ Snack Foods	■ Sweeteners
■ Frozen Meals & Prepared Foods	■ Beverages
■ Bakery Products	■ Cereals
■ Candy	■ Condiments

Important Information:

- **Participation Fee: \$300**
- Includes pre-arranged one-on-one meetings, interpreter services, and market tours
- Participants are responsible for round trip airfare to and from Chile. SUSTA will reimburse hotel accommodation costs within the federal per diem rate and with proper documentation. (Available for one participant per company from the U.S. only during the dates of the outbound mission.)
- Travelers to Chile are required to pay a one-time reciprocity fee of \$140.00 for entry in lieu of obtaining a visa.
- **Registration Deadline: April 6, 2012**
- Sign up on the Events page at www.susta.org
- Activity participation fee and dates are subject to change.
- * Preference will be given to U.S. companies that are based in the SUSTA region on a first-come, first-served basis. No refunds will be issued after April 6, 2012.*



Register on the Events page at www.susta.org

Contact:

Jonathan Van Balen

Kentucky Department of Agriculture

Phone: 502-564-4983

jonathan.vanbalen@ky.gov

OR

Shehzin Jafar

Georgia Department of Agriculture

Phone: 404-656-3740

shehzin.jafar@agr.georgia.gov

OV

CHILE OUTBOUND TRADE MISSION, 2LA20, JULY 23-26, 2012

Thank you for your interest in the CHILE OUTBOUND TRADE MISSION. Below you will find the terms and conditions of this activity accompanied by a registration invoice. Please read the terms and conditions carefully. To complete registration, fill out the information below and return this form and the invoice along with your payment to the Southern United States Trade Association.

Company Name:

Contact Name:

Please initial each statement:

I certify that my company is a registered business in the U.S.

I certify that my product(s) or ingredients(s) are grown in the U.S.

I certify that my company will promote product(s) that is at least 50% U.S. origin (excluding added water and packaging) at this event?

I certify that my company is small by SBA standards

Participant Terms and Conditions

- Participation Fee: \$300
- Includes pre-arranged one-on-one meetings, interpreter services, and market tours.
- Participants are responsible for round trip airfare to and from Chile. SUSTA will reimburse hotel accommodation costs within the federal per diem rate and with proper documentation. (Available for one participant per company from the U.S. only during the dates of the outbound mission.)
- Travelers to Chile are required to pay a one time reciprocity fee of \$140.00 for entry in lieu of obtaining a visa.
- Registration Deadline: April 6, 2012.
- Sign up on the Events page at www.susta.org.
- Activity participation fee and dates are subject to change.
- ** Preference will be given to U.S. companies that are based in the SUSTA region on a first come first serve basis. No refunds will be issued after April 6, 2012.**

Company Evaluation

Participation in our Generic activities requires each company to complete two evaluations. The first evaluation is completed directly following the activity; the second evaluation six months later. Company data is collected for aggregate statistical reporting purposes only. Your feedback assists SUSTA to plan future promotions and evaluate how effective this activity is in assisting you in your exporting efforts. Proprietary information provided is always maintained as business confidential unless otherwise indicated. SUSTA uses an independent consultant firm to assist with six-month evaluations. I understand that I am responsible for completing two evaluations .

Signature:



SUSTA 2012 Registration Invoice

COMPANY NAME :	
CONTACT NAME:	TITLE:
PHYSICAL ADDRESS:	CITY:
STATE:	ZIP CODE:
PHONE:	FAX:
EMAIL:	WEBSITE:

Consequences

The U.S. Foreign Agricultural Service maintains strict rules on products being promoted and displayed and regularly audits us for compliance. Therefore, SUSTA and State Department of Agriculture Activity Managers reserve the right to ask you to remove any products from the exhibition space that are not of U.S. origin or otherwise against FAS policy. We also reserve the right that if guidelines are not followed to prohibit your company from participating in any future activities.

Print Name:	Signature:
Title:	Date:

Activity Name:	Activity Number:
----------------	------------------

Company Description:	
Company Size:	
Date Established:	
Annual Sales:	
Total Value of Exports:	
Products:	
Current Export Markets:	

SUSTA Services at the Trade Show

By submitting this form, I understand that I am committing to participate in the SUSTA activity and will be contacted by an Activity Manager.

Name (print): _____ Signature: _____

Date: _____ Title: _____

Participation Fee

The participation fee for this activity is **\$300**. This participation fee will entitle you to all of the services outlined above.

I will be paying by: Check Credit Card

All statements made in this application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation. SUSTA retains the sole and exclusive authority to reject applicants if, in the sole opinion of SUSTA, it does not comply with MAP or FAS regulations, any laws of the United States, if there is an outstanding question regarding its validity, or otherwise not deemed in accordance with its construction of its purpose. SUSTA does not discriminate in its programs on the basis of race, color, national origin, sex, religion, age, political beliefs, or marital/family status.



SUSTA 2012 Registration Invoice

Paying By Check:

All checks should be payable to the **Southern U.S. Trade Association**. Mail check with Participation Agreement and this invoice to:

Southern United States Trade Association
701 Poydras Street, Ste 3725
New Orleans, LA 70139

Paying By Credit Card:

Please complete the attached One-time Credit Card Authorization Form and email the Participation Agreement, Registration Invoice and Credit Card Authorization to Elizabeth@susta.org or fax to 504-568-6010 or mail to the address above.

All statements made in this application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation. SUSTA retains the sole and exclusive authority to reject applicants if, in the sole opinion of SUSTA, it does not comply with MAP or FAS regulations, any laws of the United States, if there is an outstanding question regarding its validity, or otherwise not deemed in accordance with its construction of its purpose. SUSTA does not discriminate in its programs on the basis of race, color, national origin, sex, religion, age, political beliefs, or marital/family status.



SUSTA 2012 Credit Card Authorization

Company Name: _____

Date: _____

I, _____ authorize the Southern United States Trade Association to charge on my credit card the following amount: \$ _____ (U.S. Dollars)

CREDIT CARD INFORMATION

Credit Card Type: (Please circle one) **MasterCard** **Visa** **Amex** **Discover**

Credit Card Number: _____

Expiration Date: _____ / _____
(Month) (Year)

Security Code: _____
(AMEX 4 Digit on Front of Card; MC/VISA/DISC 3 Digit on Back of Card)

Cardholder's Name: _____
(EXACTLY as it appears on the Card)

Billing Address: _____
(Street Address or P.O. Box)

City / State: _____ / _____
(City) (State)

Zip Code: _____

Signature of Cardholder: _____

PLEASE FAX TO: (504) 568-6010 or EMAIL TO: Elizabeth@susta.org

For SUSTA internal use only:

Activity #: _____ Reconciliation: _____

Approval Code: _____ Batch #: _____

All statements made in this application are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation. SUSTA retains the sole and exclusive authority to reject applicants if, in the sole opinion of SUSTA, it does not comply with MAP or FAS regulations, any laws of the United States, if there is an outstanding question regarding its validity, or otherwise not deemed in accordance with its construction of its purpose. SUSTA does not discriminate in its programs on the basis of race, color, national origin, sex, religion, age, political beliefs, or marital/family status.