

Notes on Discussion

Notes on Discussion	
Trade Fair / Exhibition _____	
1. Address / Business card	2. Area of responsibility
Name _____	<input type="checkbox"/> Business Management
Company _____	<input type="checkbox"/> Purchase / Acquisition
Address _____	<input type="checkbox"/> Manufacture / production
Country _____	<input type="checkbox"/> Sales / Marketing
Fon _____	<input type="checkbox"/> Research / Development / Design
Fax _____	<input type="checkbox"/> Financial Affairs
eMail _____	<input type="checkbox"/> Administration / Organisation
3. branch of industry	<input type="checkbox"/> Competitor
_____	<input type="checkbox"/> Press / Advertising
_____	4. Economic sector
_____	<input type="checkbox"/> Trade <input type="checkbox"/> Importer
_____	<input type="checkbox"/> Industry <input type="checkbox"/> Consultant
_____	<input type="checkbox"/> Distributor <input type="checkbox"/> Education / science
_____	<input type="checkbox"/> Retailer <input type="checkbox"/> Authority
_____	<input type="checkbox"/> Exporter <input type="checkbox"/> Consumer
5. Customer structure	6. Remarks
<input type="checkbox"/> New customer	_____
<input type="checkbox"/> customer	_____
<input type="checkbox"/> Host country <input type="checkbox"/> USA / Canada	_____
<input type="checkbox"/> Neighbouring countries <input type="checkbox"/> Latin America	_____
<input type="checkbox"/> European Union <input type="checkbox"/> Asia	_____
<input type="checkbox"/> Other European countries <input type="checkbox"/> Australia / Oceania	_____
Language of negotiations _____	_____
Language of correspondence _____	_____
7. Topic of discussion	8. Result
Product _____	handed over <input type="checkbox"/> to be send <input type="checkbox"/>
_____	<input type="checkbox"/> Business card _____
Trend	<input type="checkbox"/> Prospect / leaflet _____
<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<input type="checkbox"/> Price list _____
Complaint _____	<input type="checkbox"/> Sample _____
_____	_____
9. Day	Discussion leader
Visit arranged _____	Name _____
Date _____	Departement _____
10. Visit on the event's day	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Source: brochure „Successful Participation in Trade Fairs“
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