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**Office of International Business Development**

**State Trade Expansion Program (STEP)**

Event Registration Form

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| **Event Information** | |
| **Event Name** | **Event Date** |
| **Event Location**  City, State Zip | |

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| --- | --- | --- | --- |
| **Company Information** | | | |
| **Company Name** | | | |
| **Address** | | | |
| **City** | | **State** | **Zip** |
| **Telephone** | **Fax** | **Website** | |
| **Type of Business** | **Primary NAICS Code** | **Annual Sales** | |

**International Business Development**

|  |  |  |
| --- | --- | --- |
| **Exporting Experience** | | |
| **Is your company new to exporting?** | Yes | |
| No | Estimated annual export sales, in US$: |

**Information Survey**

|  |  |
| --- | --- |
| **Small Business Communities** | |
| **Is your company owned and controlled by?** | Socially and economically disadvantaged individuals |
| Women |
| Veterans and/or service-connected disabled veterans |
| None of the above / Unknown |

|  |  |
| --- | --- |
| **Is your company located in a rural area?** | Yes |
| No |
| Unknown |

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| --- | --- | --- |
| **SBA Resources** | | |
| The U.S. Small Business Administration (SBA) would like to give Eligible Small Business Concerns (ESBCs) the opportunity to expand your knowledge and resources of other programs that are offered by the agency. | | |
| **Please check the appropriate box if you would like for your company’s name and contact information to be shared with other programs offered by SBA.** | Yes | No |
| Your choice to participate or not, will not change the status of your participation with STEP.  SBA’s aim is strictly to share information about other opportunities with you. | | |

**Certification & Signature**

|  |  |  |
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| **As a duly authorized representative of the above-named company, I have read, understand, and agree to the following terms necessary to participate in STEP-funded programs and services:**   * In addition to this STEP Event Registration Form, all participating companies must complete and sign:  1. *STEP Self-Representation as an ‘Eligible Small Business Concern (ESBC);* and 2. *Debarment Certificate*.  * All participating companies must provide information on the results attained through participation in STEP-funded programs and services to the Pennsylvania Department of Community and Economic Development (DCED), Office of International Business Development (OIBD). “Results” are current and future export sales and dealings transacted as an outcome of participating in STEP-funded programs and services.   **I hereby certify that all information provided in this document, as well as any accompanying documents, are true and complete.** | | |
| **Company Contact** | **Title** | |
| **Telephone** | **E-mail** | |
| **Signature** | | **Date** |
| ***sbalogo***  ***Funded in part through a grant with the U.S. Small Business Administration*** | | |