

**MAKE IT IN MANHATTAN**

**7 AND 8 MARCH 2018**

APPLICATION FORM

This information will be used to secure the best match for your company and ensure you get the most from the visit. Please complete each section as fully as possible.

* **Core Competencies**

Please provide a summary of what your company does as it relates to your target companies for this visit.

* **Performance and Growth Prospects**

Please outline work you have done for similar clients to your target companies. Pen profiles of recent relevant project examples can be included as can links to more information, publicity and testimonials.

* **Competitive Advantage**

Please outline how you differentiate yourselves from the competition; what makes you special – your unique selling proposition and key factors in the proposed business model for collaboration.

* **Ideal Match Characteristics**

Please outline who you think your target companies may be and why they would want to do business with you. Give details of what you are looking for in terms of a match, eg joint venture, distributor, retail, investment, etc

* **Company Profile**

Please provide a summary of the size of your company, location of your offices, scope of area you sell to, number of employees, and awards received.

* **Key Performance Indicators**

Please complete the following table using Key Performance Indictators from your business that are the closest to these categories.

|  |  |  |  |
| --- | --- | --- | --- |
|  |   **2015/16** |   **2016/17** | **Projected 2017/18** |
| **Turnover**  |  |  |  |
| **Profitability**  |  |  |  |
| **Market Share**  |  |  |  |

* **Positive Outcome**

What would success look like for you as a result of participating in Make it in Manhattan visit?

**COMPANY PROFILE**

**Company Name and Registration Number:**

**Address/Location:**

**Website:-**

**Employees** (range):-

**Turnover** (range): -

**Main Products/Services: -**

List and describe your company’s main products and services:-

**Name of Lead Contact Person:-**

**Position in Company:-**

**Contact Details**:-

**Email:- Mobile Number:-**

**Skype Contact:-**

**International Trade Support**

If you are receiving assistance from any other support organisation please list here.

**THANK YOU FOR COMPLETING THIS APPLICATION FORM.**

**PLEASE RETURN TO ELAINE RODGER AS SOON AS POSSIBLE**

**AND NO LATER THAN MONDAY 22 JANUARY 2018**

elaine.rodger@glasgowchamberofcommerce.com

**ELAINE RODGER 0141 204 8332**

