



**U.S. Commercial Service**

American Embassy – FCS

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## SINGLE COMPANY PROMOTION (SCP) QUESTIONNAIRE

*To help us provide you with the best possible results, please complete this questionnaire in detail. The information you provide will be used internally only and will not be shared with third parties.*

**A. Contact Information:**

Company Name:		
Address:		
City:	State:	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. 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): _____
Has your firm ever used the Single Company Promotion? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
When?	Where?
Are you currently working with a U.S. Export Assistance Center (USEAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide USEAC City and Trade Specialist name:	

**C. Current Business in Italy:**

Is any part of your company currently represented in Italy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Company Name:		
Address:		
Phone:	Fax:	E-Mail:
What is this company's role in staging this Single Company Promotion?		

**D. 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
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/service from that of the competition:	

**E. Business Objectives:**

Who are the end-users of your product/services?
How is your product typically distributed and marketed in the United States (and in other countries if applicable)?
What types of firms or individuals do you suggest we contact for your promotional event.
If you have staged a Single Company Promotion or similar promotion in any other markets, please give us your insights on what made that event successful or unsuccessful.

**F. Single Company Promotion Information:**

Desired Dates:	Alternative Dates:
Desired Location(s): <input type="checkbox"/> Rome <input type="checkbox"/> Milan <input type="checkbox"/> Florence <input type="checkbox"/> Naples <input type="checkbox"/> Other (specify):	
What additional services will you require? (Select all that apply):	
<input type="checkbox"/> Market Research <input type="checkbox"/> Invitation Lists <input type="checkbox"/> Mailing Services <input type="checkbox"/> Catering <input type="checkbox"/> Interpreter <input type="checkbox"/> Hotel Reservations <input type="checkbox"/> Other (specify):	

To complete your application for a Single Company Promotion, please submit the following materials at least 4 weeks before the desired SCP dates:

- Completed Single Company Promotion Questionnaire
- Order Form with Credit Card Information
- One set of your promotional material or publications describing the product/service to be promoted

✧ Please use, as appropriate, fax, e-mail, and U.S. Postal Service Express Mail\* or international courier service\*\* (please mark the U.S. Customs form with “no commercial value”).

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PA #: \_\_\_\_\_ SECTOR: \_\_\_\_\_ Specialist: \_\_\_\_\_ USEAC: \_\_\_\_\_