

Manufacturer Sales Representative Visit

Name	<input type="text"/>
Email	<input type="text"/>
Cell Phone #	<input type="text"/>
Date(s) Requested	<input type="text"/>

What are your objectives/goals for your visit?

Do we have samples of products you would like to show? Y N

If so, which samples?

If not, will you be sending samples?

Will you need us to ship your samples back, or would you like us to keep them? Ship Keep

Will you be sending literature or any other peripheral sales items? Y N

Will there be a training session? Y N

Will you be providing breakfast/lunch for a training session? Y N

Will you want to go on any sales calls? Y N

What sort of customers would you like to meet with on your sales calls? (Distributors, Architects, etc.)?

If you would like to go to dinner with employees during your visit, please let us know so that we can make arrangements to take care of any family obligations.

Y N

What are your expectations for our agency? For our specifications team?

Is there any information you would like to give us ahead of time to prepare for your visit?

Are there any company changes, product updates, or new processes that we should be aware of?

Travel Information

Date/Time You Would Like to Come In

Date Departing

Time You Must Finish

Do you want us to schedule a time for you to meet with everyone? Y N

Is there anything else we can do to help you meet your objectives?