



Ministry of Tourism, Industry and Commerce

Application for Participation in Training Workshop:

Leveraging Technology for Business Growth

Advanced Sales and Marketing Techniques

Applicant's Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____

Phone: _____ Email _____

Nature of Business: _____ Size of business: (S, M, L): _____

No. of employees: _____ Avg. annual revenue (G\$): _____

Assessment of Business

Name of Business: _____ Date of establishment: _____

Address of business: _____

Does your business have:

A website? Yes No If yes, please provide web address: _____

A Facebook page? Yes No If yes, please provide account name: _____

An Instagram page? Yes No If yes, please provide account name: _____

A TikTok account? Yes No If yes, please provide account name: _____

A LinkedIn Page? Yes No If yes, please provide account name: _____

Any other social media account? Yes No If yes, please provide account name: _____

What percentage of sales would you attribute to your existing digital presence _____

Current market(s)? (local, regional, international)

Local

Regional

International

Do you currently import or export? (yes/no)

Yes

No

If yes, please state from/to which countries:

What other markets would you like to enter?

Briefly tell us about your current marketing strategies

Justification of Participation

Briefly tell us why you would like to participate in this workshop and what are the expected impacts?

Authorization

"I hereby certify that the responses provided above are accurate and complete to the best of my knowledge. I also understand that submission of this application does not guarantee my selection for participation in the workshop"

Type Name: _____

Date: _____

By typing your name above you hereby declare that the information provided is accurate