

- REGISTRATION FORM ORGANIC COMPANIES – ONLINE BUSINESS TO BUSINESS (B2B) MEETING PROGRAM

PLEASE TYPE OR WRITE IN BLOCK LETTERS

Company Contact Information

Company name :

Name :	Title :
Address :	
City :	Zip Code :
Phone : Cell	Fax :
E-mail :	Website :

Description of the company

1. Type of business (describe your business max 100 word)

2. Are you already exporting any of your products?

Yes No

3. If you are already exporting, please state to which countries and name your distributor(s)

4. Total Export Sales (\$CAD): (M = Million)

0.25 - 1 M\$ 1 - 5 M\$ 5 - 20 M\$ 20 - 50 M\$ + 50 M\$

5. Briefly describe your products max 200 words – This profile will be sent to potential buyers.

6. Are you interested in Private label opportunities?

Yes No

7a) Are you GFSI certified?

Yes No

7b) If you are not GFSI certified, would you be willing to get this certification in order to work with a US retailer chain?

Yes No

Logistic information

Technical requirements: (check box if available)

Computer with microphone and video conferencing

Zoom

Adequate internet connection

PRODUCT CLASSIFICATION FORM

Categories/ Certifications	Wellness Attributes	
HACCP <input type="checkbox"/>	Additive free <input type="checkbox"/>	Low Calories <input type="checkbox"/>
GFSI <input type="checkbox"/>	Functional food <input type="checkbox"/>	Low Carbs <input type="checkbox"/>
EDI Capable <input type="checkbox"/>	Source of Antioxidant <input type="checkbox"/>	Low Fat <input type="checkbox"/>
Organic <input type="checkbox"/>	Source of Dietary Fibre <input type="checkbox"/>	Low Sodium <input type="checkbox"/>
Gluten Free <input type="checkbox"/>	Source of Omega 3 <input type="checkbox"/>	No Trans Fat <input type="checkbox"/>
Peanut Free <input type="checkbox"/>	Source of Soy Protein <input type="checkbox"/>	Sugar Free <input type="checkbox"/>
Halal <input type="checkbox"/>	Vitamin/Calcium enriched <input type="checkbox"/>	Whole Grain <input type="checkbox"/>
Kosher <input type="checkbox"/>	Allergen Free <input type="checkbox"/>	Other: <input type="checkbox"/>
Fair trade <input type="checkbox"/>	Please describe other wellness attribute or certification :	
Vegan <input type="checkbox"/>		
Non-GMO Project <input type="checkbox"/>		
Other: <input type="checkbox"/>		

Additional notes, special interests:

Please submit completed form to Caroline Bernard, Member Relations and Executive Coordinator at cbernard@canada-organic.ca