

## **B2B MEETINGS ON WINE SECTOR** **Cuneo, 7<sup>th</sup> – 8<sup>th</sup> May 2025**

*(da compilare in lingua inglese. Si prega di non scrivere a mano)*

### **Company Profile**

|                                |                      |
|--------------------------------|----------------------|
| <b>Company Name</b>            | <input type="text"/> |
| <b>VAT N°</b>                  | <input type="text"/> |
| <b>Address</b>                 | <input type="text"/> |
| <b>Zip Code</b>                | <input type="text"/> |
| <b>City</b>                    | <input type="text"/> |
| <b>Phone</b>                   | <input type="text"/> |
| <b>Mobile</b>                  | <input type="text"/> |
| <b>Company website</b>         | <input type="text"/> |
| <b>Contact person</b>          | <input type="text"/> |
| <b>Position in the company</b> | <input type="text"/> |
| <b>Phone</b>                   | <input type="text"/> |
| <b>Mobile</b>                  | <input type="text"/> |
| <b>E-mail</b>                  | <input type="text"/> |

| <b>Spoken Languages</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. <input type="text"/><br><br>2. <input type="text"/><br><br>3. <input type="text"/><br><br>4. <input type="text"/> |                          |                          |                          |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------|-----------|----------------|-----------------|-----------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Last turnover</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="text"/>                                                                                                 |                          |                          |                          |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <b>N° employees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="text"/>                                                                                                 |                          |                          |                          |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <b>Does your company have any certification?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                          |                          |                          |                          |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <b>If yes, please detail</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                                                 |                          |                          |                          |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <p><b>List the wines you intend to present to the buyers and provide an indication of the bottle price range (75 cl):</b></p> <table border="1"> <thead> <tr> <th data-bbox="145 1373 593 1413">Type of wine</th> <th data-bbox="659 1373 783 1413">up to 5 €</th> <th data-bbox="828 1373 1023 1413">from 5 to 10 €</th> <th data-bbox="1043 1373 1259 1413">from 10 to 20 €</th> <th data-bbox="1295 1373 1426 1413">over 20 €</th> </tr> </thead> <tbody> <tr> <td data-bbox="145 1442 593 1547"><input type="text"/></td> <td data-bbox="659 1442 783 1547"><input type="checkbox"/></td> <td data-bbox="828 1442 1023 1547"><input type="checkbox"/></td> <td data-bbox="1043 1442 1259 1547"><input type="checkbox"/></td> <td data-bbox="1295 1442 1426 1547"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="145 1615 593 1720"><input type="text"/></td> <td data-bbox="659 1615 783 1720"><input type="checkbox"/></td> <td data-bbox="828 1615 1023 1720"><input type="checkbox"/></td> <td data-bbox="1043 1615 1259 1720"><input type="checkbox"/></td> <td data-bbox="1295 1615 1426 1720"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="145 1731 593 1836"><input type="text"/></td> <td data-bbox="659 1731 783 1836"><input type="checkbox"/></td> <td data-bbox="828 1731 1023 1836"><input type="checkbox"/></td> <td data-bbox="1043 1731 1259 1836"><input type="checkbox"/></td> <td data-bbox="1295 1731 1426 1836"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="145 1848 593 1953"><input type="text"/></td> <td data-bbox="659 1848 783 1953"><input type="checkbox"/></td> <td data-bbox="828 1848 1023 1953"><input type="checkbox"/></td> <td data-bbox="1043 1848 1259 1953"><input type="checkbox"/></td> <td data-bbox="1295 1848 1426 1953"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="145 1964 593 2069"><input type="text"/></td> <td data-bbox="659 1964 783 2069"><input type="checkbox"/></td> <td data-bbox="828 1964 1023 2069"><input type="checkbox"/></td> <td data-bbox="1043 1964 1259 2069"><input type="checkbox"/></td> <td data-bbox="1295 1964 1426 2069"><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                      |                          |                          |                          | Type of wine | up to 5 € | from 5 to 10 € | from 10 to 20 € | over 20 € | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of wine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | up to 5 €                                                                                                            | from 5 to 10 €           | from 10 to 20 €          | over 20 €                |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |           |                |                 |           |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |                      |                          |                          |                          |                          |

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Do you already export your wines?</b></p>                                            | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                                                                |
| <p><b>If yes, please indicate export % of the turnover</b></p>                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>In which Countries</b></p>                                                           | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Your main distribution channels in foreign markets</b></p>                           | <p> <input type="checkbox"/> Agents/Brokers<br/> <input type="checkbox"/> Wholesalers/distributors<br/> <input type="checkbox"/> Importers<br/> <input type="checkbox"/> Large scale retailers<br/> <input type="checkbox"/> Ho.Re.Ca.<br/> <input type="checkbox"/> Small shops / Gourmet shops<br/> <input type="checkbox"/> Other, please detail         </p> <input type="text"/> |
| <p><b>Do you sell private label?</b></p>                                                   | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                                                                |
| <p><b>Main competitive factors of your company</b></p>                                     | <p> <input type="checkbox"/> Price<br/> <input type="checkbox"/> Quality<br/> <input type="checkbox"/> Quality/Price ratio<br/> <input type="checkbox"/> Variety Range<br/> <input type="checkbox"/> Other, please detail         </p> <input type="text"/>                                                                                                                           |
| <p><b>Do you have any exclusive agreements in European/Extra-European Countries?</b></p>   | <p> <input type="checkbox"/> YES<br/> <input type="checkbox"/> NO<br/>           If yes in which Countries         </p> <input type="text"/>                                                                                                                                                                                                                                          |
| <p><b>Is there any company you already cooperate with and you do not want to meet?</b></p> | <p> <input type="checkbox"/> YES<br/> <input type="checkbox"/> NO         </p>                                                                                                                                                                                                                                                                                                        |

|                                                                 |                      |
|-----------------------------------------------------------------|----------------------|
| <b>If Yes, please specify giving the following information:</b> |                      |
| <b>Company Name 1</b>                                           | <input type="text"/> |
| <b>Country and City</b>                                         | <input type="text"/> |
| <b>Contact person</b>                                           | <input type="text"/> |
| <b>Company Name 2</b>                                           | <input type="text"/> |
| <b>Country and City</b>                                         | <input type="text"/> |
| <b>Contact person</b>                                           | <input type="text"/> |

Data: