

PRE QUALIFICATION FORM

COMPANY NAME.....
 CONTACT NAME

ADRESS.....

POSTAL CODE CITY

TELEPHONE..... CELL PHONE.....

E-MAIL

WEBSITE

HOW TO APPLY:

Send this dully completed form by email as soon as possible along with :

- ✓ Your **application form**, along with a 36% deposit of the total amount due excluding tax (Your check will not be deposited until your application is accepted by the Selection Committee)
- ✓ The completed **pre qualification form**
- ✓ A **detailed presentation of your business activities** (your story in a maximum of 15 lines, as well as the technical details of your work)
- ✓ Between 4 and 10 numbered **product** photos (please indicate product measurements and the trade price)
- ✓ A photo of your **workshop** ✓ A **booth** design proposal (sketch, model....)
- ✓ Your **professional identification** documents for the current year (for example: membership in Chamber of Trades or in Ateliers d'Art de France...)

INCOMPLETE FILES CANT BE PRESENTED TO THE SELECTION COMMITTEE

Your contact:

Mme Anne Moreau
 Sales Executive
anne.moreau@safisalons.fr
 Tel. +33 (0)1 44 29 03 49

Contact detail:

SAFI
 8 rue Chaptal - CS 50028
 75442 Paris cedex 09
 France

1. YOUR COMPANY

What is your professional legal status? (Please send a written proof)

- Artist Self-employed person LLC Artist Pension Trust Other, please specify.....

Are you a member of a Chamber of Craft Trades? (Please provide written proof)

- Yes Which one?..... No

Do you work in your own workshop, for both the design and complete manufacture of your pieces? (Please provide a photo of the workshop)

- Yes No

You've been doing this for how many years now?

Total number of employees:

2. YOUR FIELD OF BUSINESS

2.1 PRODUCT CATEGORIES

- | | | |
|--|--|--|
| <input type="checkbox"/> Floral art | <input type="checkbox"/> Textile designer | <input type="checkbox"/> Painting on porcelain/on fabric |
| <input type="checkbox"/> Ceramic artist | <input type="checkbox"/> Fanmaker | <input type="checkbox"/> Wildlife sculptor |
| <input type="checkbox"/> Craft knifemaker | <input type="checkbox"/> Craft watchmaker | <input type="checkbox"/> Woodcarver/Cabinetmaker |
| <input type="checkbox"/> Designer of automatons/Decorative dolls | <input type="checkbox"/> Lacquer specialist | <input type="checkbox"/> Wax sculptor |
| <input type="checkbox"/> Jewelry designer | <input type="checkbox"/> Inlay artist | <input type="checkbox"/> Metal sculptor/Craft metalworker |
| <input type="checkbox"/> Lighting designer | <input type="checkbox"/> Mosaic artist | <input type="checkbox"/> Saddlemaker/Leather Goods Artisan |
| <input type="checkbox"/> Furniture designer | <input type="checkbox"/> Molder | <input type="checkbox"/> Craft basket weaver |
| <input type="checkbox"/> Paper crafts designer | <input type="checkbox"/> Painted decor/Wall panel design/Picture Framing | <input type="checkbox"/> Glass artist |
| | | <input type="checkbox"/> Other - please specify: |

2.2 WHICH CATEGORY IS MOST APPROPRIATE FOR YOUR COLLECTIONS:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Luxury | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Bespoke/Custom |
| <input type="checkbox"/> High-End | <input type="checkbox"/> One-of-a-kind pieces | |
| <input type="checkbox"/> Mid-Range | <input type="checkbox"/> Limited editions | |

2.3 YOUR TURNOVER:

Total sales:€

Amount of sales in export markets:€

Main export markets (ranked in order of importance)

1/

2/

3/

3. WHAT TYPE OF CLIENTELE DO YOU MOSTLY WORK WITH?

Sales to the general public/Collectors

Prescribers/Decorators

Independent retailers/Multi-brand stores

Other - please

Art Galleries

specify:

4. DO YOU TAKE PART IN OTHER TRADE SHOWS?

Yes - please specify which one(s):

..... ; ;

No

5. YOUR PARTICIPATION IN MAISON&OBJET

5.1 BOOTH SPACE DESIRED:m²

5.2 THIS PLANNED EXHIBIT IS PART OF A SALES STRATEGY TO:

Launch your business

Introduce a new range of creation

Increase your sales in the French market

Increase your export sales

Main target export markets:

Do you wish to receive information on:

INFORMATION ON THE MOM DIGITAL PLATFORM

I hereby affirm that the details provided in this questionnaire are accurate, and I promise to provide any supporting documents or additional information requested.

Date:

Signature: