

2009 Open Door Program Application:

For Office Use Only	
Date Application Received: _____	
Reviewed By _____	
Date Reviewed _____	Region _____

Application for participation in the Open Door Program:

Name of Establishment: _____

Address of Establishment:

Street Address _____ PO Box _____

City/Town _____ Postal Code _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

Name of Manager/Supervisor: _____

Contact Person for Program: _____

Dates of Operation: Year round Seasonal Dates: _____

Discount, special service or promotion to be offered to all eligible tourism front line staff:

Dates discount, special service or promotion will be valid: _____

By signing this form, I have read and understood the program description found online at:
http://www.gov.ns.ca/tch/tourism_programs.asp

Signature of Applicant

Date of Application

Please return this application form:

By Mail:
Nova Scotia Department of Tourism, Culture & Heritage
PO Box 456
Halifax, Nova Scotia B3J 2R5
Attn: Peter Johnson

By Fax: (902) 424-2668

Or Online: http://www.gov.ns.ca/tch/tourism_programs.asp