



Tour Operator Partnership Program Application

Company Name

Mailing Address

Town

Postal Code

Phone

Fax

Email

Authorized Official (Name and Title)

Contact, if different from above (Name and Title)

For an application to be complete, the following information is required:

- Company's proposal with description of proposed activities including marketing elements (circulation/distribution volumes, frequency, distribution plans, demographics, targeted geographic markets, etc.)
- Budget for proposed activities
- Full disclosure of any additional partnership funding related to the proposed activities
- Evaluation plan

\$ _____ Total Project Cost

\$ _____ Funding Request

Signature of Authorized Official

Date

I hereby certify that the information provided in this application is true, correct and complete in every respect.

Please return to:

Tour Operator Partnership Program
Nova Scotia Department of Tourism, Culture and Heritage
PO Box 456
1800 Argyle Street, Suite 602, Halifax NS B3J 2R5
Attention: Cindy Wade
Email: cwade@gov.ns.ca
Ph: (902) 424-4676
Fax: (902) 424-2668