



2010 Mission Nomination Form

1. Please ensure you read and agree to the following Eligibility Criteria:
- Your organization is a bona fide, registered tourism business that has been in operation for at least 1 year.
Yes _____ No _____
 - Your organization has a direct relationship to the mission product theme.
Yes _____ No _____
 - In the case of incorporated businesses, delegates are to be senior, full time employees within their respective organizations.

Other Eligibility Criteria:

- Only one delegate per company; delegate partners/spouses not permitted to attend.
- A tourism 'business' can only participate in one mission per twelve-month period.
- Should a mission with the same focus be organized multiple times over the course of the project, a tourism enterprise may only participate once.
- Destination organizations will be examined on a case by case basis, based on merit with respect to repeat mission eligibility;
- In the event that a mission has not reached delegate capacity, and there are tourism sector nominees who do not fully meet the criteria, those nominees may be offered the opportunity to participate if willing to pay 100% of their costs, and will be handled on a case by case basis.
- Federal, Provincial, Crown Agency employees as well as Federal and Provincial elected officials must cover their own expenses.

Participants must:

- Ability to commit to entire agenda of the mission.
- Ability to incur all expenses which will be re-imbursed at the completion of the mission (for airfare, accommodations, meals, etc.)
- Provision of session notes for incorporation into final report.
- Submission of evaluations, reports, and expense claims in a timely manner.

I have read and understood the Best Practices Mission eligibility criteria stated above, and agree to follow the participant expectations:

Yes _____ No _____

2. Name: _____

3. Please indicate which mission you are interested in attending

- a. _____ Product Development
- b. _____ Rural Heritage: Craft, People and Place
- c. _____ Experiential Tourism

4. Business or organization name: _____

5. How did you hear about Best Practices Missions?

6. Number of years your business has been in operation?

7. The delegate representing your business or organization on this mission would be:

Name: _____

Title: _____

Courier Address: _____

Mailing Address: _____

Phone: _____

Cell: _____

Fax: _____

E-Mail: _____

Web Site: _____

8. Have you, or anyone from your organization participated in previous Best Practices missions?

Yes _____ No _____

If yes, which one(s): _____

9. Are you or have you been a client of ACOA?

Yes _____ No _____

10. Do you have a passport?

Yes _____ No _____

PLEASE NOTE: If you do not have a passport and you are planning to attend a mission that will be traveling to the US, we strongly recommend that you apply for one immediately. For a passport application, please visit <http://www.pptc.gc.ca/forms/pdfs/pptc044.pdf>

11. Please provide a brief description of your organization and why it is suited for this mission?

12. What are your learning objectives and goals for this mission?

13. Please outline how you feel this mission could help improve your business operation and how you will share the lessons learned and your experience of the mission with your colleagues in the tourism industry.

14. Please circle your accommodation preferences:

Smoking or Non-smoking Shared room or Single room

15. Please indicate the nearest airport: _____

16. Please indicate any food allergies or meal requirements:

17. Please indicate any health or physical limitations which may adversely affect your participation during any phase of the mission in order that we may make appropriate arrangements.

Please Note:

Not everyone will be selected for individual missions. All applications submitted will be evaluated based on eligibility criteria and will be evaluated on a first come first serve basis. All applicants will be contacted when final decisions have been made on mission participants.

Please complete and fax or email form to:

ACOA, Tourism Atlantic
902-566-7098

Attention: Johanna Egan

Email: Johanna.Egan@acoa-apeca.gc.ca