

## Best Practices Mission Agreement

RE: Working Together to Grow Festival Tourism to be held October 15-17, 2008

**This agreement must be completed and submitted to Travel Manitoba in order to participate in a Best Practices Mission. Completed agreements can be submitted by fax (204-927-7828) or mail (7 – 155 Carlton Street, Winnipeg, MB R3C 3H8).**

### Company Information:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Years the company has been in operation: \_\_\_\_\_

### Participant Information (if different from above):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please answer the following (✓) to verify that you understand and meet the eligibility criteria and agree to the conditions of participation.

(Failure to complete this section will render your request incomplete and void.)

Yes  No Tourism to/in Manitoba is part of your business/organization mandate

Yes  No Your business/organization has operated legally for at least 1 year

Your representative is a(n) (please ✓):

- Owner
- Employee
- Volunteer

Yes  No Your representative will commit to the entire mission itinerary

Yes  No A report will be submitted within 14 days of mission completion or other time frame as may be prescribed by Travel Manitoba

Yes  No Your representative is prepared to cover all necessary costs, as may be necessary

Signature: \_\_\_\_\_ Date: \_\_\_\_\_