



Genuine Island Host

Total Market Readiness Program

Application Form

Date _____

Business name _____

Location _____

Mailing address _____

Phone _____

Cell _____

Fax _____

Email _____

Website _____

Contact person _____

Title _____

1. Type of business: *(check all that apply)*

Fixed-roof Accommodation

Campground

Experiential Activities

Attraction

2. Please describe your business:

3. Years in operation _____

4. Operating dates _____ to _____

5. Describe any licensing or rating that apply to your business (i.e. Canada Select).

6. Do you have a staffed office/front desk? no yes Describe:

7. Parking on site in close proximity or access
Describe _____

8. Do you have liability insurance and safety equipment? no yes
Describe _____

9. Do you have on-site signage that identifies your business? no yes

10. Do you have access to public restrooms? no yes

11. Do you offer currency exchange for U.S. dollars? no yes

12. How do you market or direct people to your product? (check all appropriate)
 brochure rack card website directional signage purchased advertising
 other (describe) _____

13. Are you currently being mystery shopped by any group?
Describe _____

14. Are you a TIAPEI member (preference will be given to TIAPEI members)? no yes

Sector-specific Questions (please complete for your sector)

Accommodations – Fixed Roof

Canada Select rating:

- 3 star, 3 ½ star, 4 star, 4 ½ star 5 star

of units: _____

Accommodations – Campground

Camping Select Facility rating:

- 2 ½, 3 star, 3 ½ star, 4 star, 4 ½ star 5 star

of units: _____

Experiential Activities

Can your tours/experience be booked in advance? no yes

Describe the location or point of departure(s) for your tour/experience:

Briefly describe the interpretation provided during your tours

Are your staff trained in CPR/First Aid? all some none

Attractions

What is the theme of your attraction? _____

Please indicate which of the following you provide to enhance the visitor experience:

- guided tours self-guiding tour map self-guiding signage other _____

Reason For Applying:

Please explain why you would like to participate in the Genuine Island Host TMR program.



Genuine Island Host Total Market Readiness Program

Program Fee & Payment

Cost to Operators	= \$ 750.00
Program Assistance per Operator	= \$ 3,550.00
Total Program Fee per Operator	= \$ 4,300.00

Method of Payment

Cheque (payable to TIAPEI) or Credit Card:

VISA MasterCard

Card # _____

Expiry date: _____

Signature of cardholder: _____

Payment Amount Enclosed: \$ _____

Terms & conditions :Full payment of the program fee must accompany the application form. The \$750.00 program fee is fully refundable to those not selected for participation. No refunds will be issued for any component of the program once you have started participation in the program.

Questions about the program?

Contact: Monette Pasher
Phone: 902-628-4403
Email: Monette@dunneconsulting.ca

To apply, mail this application form, program fee & a signed copy of the Program Outline by **September 15th, 2007 to:**

TIAPEI
Genuine Island Host TMR program
P.O. Box 2050
Charlottetown, PE
C1A 7N7



Genuine Island Host Total Market Readiness Program

Program Outline

1st Mentoring Session - Product Development

Description ~ site tour, meeting between management, mentor & coordinator

Participant time requirement ~ approximately 4 hours

Location ~ on location at the operator's business

yes, I know that my participation in the product mentoring session is a requirement of the program.

Tasks from the 1st mentoring session

Description ~ work with the mentor to develop a list of business improvement tasks with a schedule for their completion, complete tasks within time period

Participant time requirement ~ varies depending on number of tasks or activities agreed upon

yes, I understand that I will help develop and schedule tasks and then complete them as agreed upon.

Mystery Shop

Description ~ professional mystery shop (anonymous) of your business

Participant time requirement ~ two hours to review the shop kit, variable time to notify/train your staff for the impending shop, two hours to review the shop results, variable time to implement suggested improvements

Location ~ at your business

yes, I understand that my business will be mystery shopped as part of the program.

2nd Mentoring Session – Marketing

Description ~ meeting between management, mentor & coordinator

Participant time requirement ~ approximately 4 hours

Location ~ on location or at a central location within 1 hours drive

yes, I know that my participation in the marketing mentoring session is a requirement of the program.

Tasks from the 2nd mentoring session

Description ~ work with the mentor to develop a list of business improvement tasks with a schedule for their completion, complete tasks within time period

Participant time requirement ~ varies depending on number of tasks or activities agreed upon

yes, I understand that I will help develop and schedule tasks and then complete them as agreed upon.

*I understand that **successful completion** of all the above activities is required to achieve the designation, Genuine Island Host.*

Date:

Business:

Signature:
