

2017 Marketing Partnership Program – NB Outfitters Consumer Show Participation

(Funding assistance for participation at one 2017 consumer trade show prior to March 31st)

**Note: Applicants must meet program criteria to be eligible for cost reimbursement.*

APPLICATION FORM

1. Name of business: _____
2. Type of business: Fishing _____ Hunting _____ Both _____
3. Mailing address: _____
4. Phone numbers: Residence: _____ Business: _____ Cell: _____
5. Location of business: _____
6. Contact Person/Owner: _____
7. Legal form of business: Incorporated _____ Sole proprietorship _____ Partnership _____
8. Number of years in business _____ **Provide verification with application form.*
9. Is the property graded by Canada Select?
Yes _____ No _____
10. Does your business currently carry a minimum of two million dollars in liability insurance?
Yes _____ No _____
11. Name of Insurance Company or Agent _____
*a. *Provide proof of insurance with application form.*
12. Trade Show Information:
 - a. Name _____ Dates: _____
 - b. Address _____ Booth: _____
 - c. Have you previously participated? Yes _____ No _____
 - d. If Yes, How many times? _____
 - e. Estimated qualified leads/or estimated collateral distribution _____
13. Name of person(s) requesting cost reimbursement _____
 - a. _____

NOTE: The people named here will be those eligible for cost reimbursement as outlined within the program criteria.

It is hereby affirmed that the information and representations submitted in connection with this application for assistance are true and correct to the best of the knowledge of the undersigned, and the undersigned also agrees to conform to conditions as outlined in the program criteria.

Signed by / or on behalf of the applicant this _____ day of _____, 2017

Signature: _____

Print Name: _____

Application cost for Members (or non-members who wish to join) - \$ 150.00
Includes membership/renewal of \$100 and \$50 application fee
Paid on _____ day of _____, 2017
Method of Payment _____

Application costs only - \$50.00
Paid on _____ day of _____, 2017
Method of Payment _____

Please send check or money order, payable to NBPOGA, complete application, proof of insurance and proof of years in business to:

Debbie Norton
Box 291
Red Bank, NBE9E 2P2
Email: adventures@upperoxbow.com
Phone: (506) 622-8834