



Bonavista Institute for Cultural Tourism

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Please help us gain a better understanding of you and your organization. Please fill out and fax to (709) 468-2004

REGISTRATION FORM

Name of course: _____ Date Offered: _____

Name of your business/organization: _____

Contact name: _____ Position: _____

Mailing address: _____

Email: _____ Website: _____

Telephone: _____ Cell: _____ Fax: _____

How will you be travelling to Bonavista: _____

DIETARY RESTRICTIONS: _____

SPECIAL NEEDS: _____

Date of Birth: _____ - OR - Social Insurance Number: _____

Method of Payment: Credit Card Visa M/C American Express Paid online

Card # _____ Expiry Date: _____

PO Cheque Debit ONLINE

How long have you been in business: _____

What type of business best describes your company:

Accommodation food/Beverage/restaurant Attraction Tour Operator Adventure Tourism

Economic Development Agency Other (Please Specify) _____

What is your organization's primary mission: _____

How long have you been involved in cultural tourism: _____

Are you involved in "Destination Planning?" If so, in what way(s)?

What are your expectations of this course? :

