# Application for Experiential Product Certification

# Authentic PEI Experiences

Experience Name:

Category (choose one): ☐ Arts/Crafts ☐ Cuisine/Taste ☐ Nature/Outdoors

Region (choose one): ☐ Central Coastal Drive ☐ Red Sands Shore ☐ Green Gables Shore

☐ Charlottetown ☐ Summerside ☐ Points East Coastal Drive

Civic address (of business):

Location (of experience):

Name of provider:

Mailing address: Postal Code:

Phone Nos: Summer Winter Toll-free

Email: Fax:

Dates of operation:

Experience duration: ☐ Half-day (3 hours) ☐ Full-day (5+ hours)

Price: Minimum # of people: Maximum # of people:

*Describe your experience and outline how it meets **all the required criteria** to be certified as an Authentic PEI Experience, i.e. hands-on learning, community experts, five senses, unique, personal, intimate, public safety, food-handling and certifications. Note: Any required Covid-19 protocols must be in place and followed.*

Date:

Contact: Trent Birt, Tourism Development Officer, Tourism PEI I Phone: 902-620-3126 I Email: tcbirt@gov.pe.ca

Prince Edward Island CANADA