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**APPLICATION FOR
PEI REUNION ASSISTANCE PROGRAM**

REUNION NAME: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

ADDRESS

EMAIL: _____

DATES OF REUNION: _____
mm/dd/yyyy mm/dd/yyyy

ESTIMATED TOTAL ATTENDANCE: _____

ESTIMATED OFF-ISLAND ATTENDANCE: _____

REUNION LOCATION: _____

REUNION ACCOMMODATIONS: _____

SIGNATURE OF APPLICANT(S): _____

DATE: _____
mm/dd/yyyy

PLEASE RETURN TO:
PEI REUNION ASSISTANCE PROGRAM
TOURISM PEI
P.O. BOX 2000, CHARLOTTETOWN, PE, C1A 7N8