



DMC/PCO MICE FAM TRIP FUND APPLICATION FORM

DESTINATION MANAGEMENT COMPANY (DMC)

PROFESSIONAL CONFERENCE ORGANISER (PCO)

PLEASE SELECT WHICH OF THE FOLLOWING FAM TYPE YOU WISH TO APPLY FOR:-

1. DMC Originating FAM

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2. PCO Originating FAM

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3. Buyer/Client FAM

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SECTION 1 - COMPANY DETAILS

Company Name

Company Address

Primary Contact:

Job Title

Telephone/Mobile:

Email:

PLEASE CONFIRM YOU HAVE MET THE FOLLOWING CONDITIONS

Yes/No

i. The Fam is not taking place until at least two months from the date of this application	
ii. All buyers on FAM have a track record of delivering international business. (From the United States, international business means to Europe/Ireland).	
iii. None of the buyers included on the FAM have been to Ireland in the last 2/3 years.	
iv. A full list of buyers is attached to this application to include full buyer contact details and bios.	
v. A detailed FAM itinerary which includes arrival and departure dates is attached to this application and reflects new MICE products on at least one of the three main Failte Ireland programme themes: <ul style="list-style-type: none"> ○ Dublin – A Breath of Fresh Air ○ Wild Atlantic Way (Cork, Kerry, Shannon, Galway) ○ Ireland’s Ancient East. 	
vi. Have you received support through another source in Failte Ireland, Tourism Ireland or the I.T.O.A.	

APPLICANT'S STATEMENT

THIS MUST BE SIGNED AND DATED OTHERWISE CLAIM IS VOID.

1. I/we certify that I/we read and understood the guidelines and criteria applicable to the Fáilte Ireland Familiarisation Trip Fund and agree to comply in full therewith. I/we certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate.
2. I/we agree to communicate to the Meet in Ireland Team in Fáilte Ireland any business for Ireland resulting from the Buyers who participated on this Familiarisation Trip for the purposes of tracking return on investment.

Signed: _____ Date: _____

Name (in block capitals): _____

On behalf of (organisation's name): _____

ASSESSMENT

FÁILTE IRELAND'S USE ONLY

RECOMMENDATION:

Recommended by: _____ Date: _____

Approved by: _____ Date: _____

PLEASE SEND THE COMPLETED APPLICATION FORM AND RELEVANT ATTACHMENTS TO: ROISIN.GAFFNEY@FAILTEIRELAND.IE

MEET IN IRELAND, FAILTE IRELAND, 88-95 AMIENS STREET, DUBLIN 1