



ASSOCIAÇÃO DE PROMOÇÃO DA
MADEIRA
PROMOTION BUREAU

Associação de Promoção da Madeira
Rua dos Aranhas nº 24/26
9000-044 Funchal, Portugal

Tel: +351 291 203 420
Fax: +351 291 222 167
E-mail: geral@ap-madeira.pt

REGULATION FOR THE ATTRIBUTION OF SUPPORTS TO PROMOTIONAL AND MARKETING CAMPAIGNS AND/OR ACTIONS OF DESTINO MADEIRA ("Regulation")

APPLICATION FORM

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1. CANDIDATE(S) DETAILS

Company trade name/Legal person name (ex: *Aviação, S.A.* that operates under the trade name "*GalaxyJet*"/*Tour Operador, Lda.*, that operates under the trade name "*OngoingTours*"): _____

Taxpayer ID number /VAT: _____

and, if applicable, company registration number: _____

Registered Office/Address: _____

Postal Code: _____ Place: _____

Country: _____

Website: _____

Tel.: _____ Fax: _____

E-mail: _____

Name of contact person: _____

- Name(s) of legal representative(s): (persons authorized by the company to sign the legal documents)

- Position in the company:

2. TYPE OF REQUESTED SUPPORT (tick the box):

- Marketing Campaigns;
 Other actions, projects or initiatives;

3. APPLICATION ELEMENTS (tick the box):

- Media Plan/Marketing Plan/Descriptive Memory of campaign and/or actions to be developed by the promoting/beneficiary entity and respective context in this Regulation and APM Marketing Plan, per market and per product and respective schedule;
- Quantification of campaign and/or action goals and respective measurement instruments;
- Campaign and/or actions budget, including corresponding funding sources;
- Production for the last three years and estimate production for the year of this application. Please indicate the number of clients brought to Madeira:

Year	Number of pax
2017	
2018	
2019	
2020 Forecast	

Date and Place:

Contact person(s) signature(s):
