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Oregon travel Information Council – Attractions Form

Part 1: Business Name and Public Street Address (information released to the public)

All items in **bold must be filled in**

Business Name: _____

Street Address: _____ Suite: _____

City: _____ **State:** Oregon **Zip:** _____

Attraction Type (select one): Aquarium Casino Commercial Entity Cultural

Entertainment Historical Museum Parks/Scenic Recreational

Other, Specify: _____ Do not display for this listing

Part 2: Business Profile (information released to the public)

All items in **bold must be filled in**

Facility Description

Hours of Operation: _____

Fees: _____

Facility Description: _____

Amenities: Child/Senior Discount Lodging Restaurant RV Friendly

School Field Trips Snack Shop Wheelchair Access

Payment Options: Cash VISA MasterCard Discover American Express Check

ADA Accessible: Yes No

Public Contact Info

Phone: _____ **Toll-Free:** _____ **Fax:** _____

Email: _____ **Website:** _____

Directions from Nearest Route (highway)

Route: _____ **Milepost:** _____ **Longitude:** _____ **Latitude:** _____

Map URL: _____

Directions from Route: _____

Part 3: OTIC Business Contact (not released to the public)

All items in **bold must be filled in***

Primary Contact Info

First Name: _____ **Last Name:** _____

Phone: _____ **Fax:** _____

Email: _____

Alternate Contact Info (optional)

First Name: _____ **Last Name:** _____

Phone: _____ **Fax:** _____

Email: _____

Owning Business and Mailing Address

Same as the public business name and street address?

Owning Business Name: _____

Address 1: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip:** _____

Regular subscription rate: \$ 200.00 per year.

Mail your completed form to:

Oregon Travel Information Council
ATTN: Tripcheck Link Subscription
229 Madrona Avenue SE
Salem OR 97302-4609

Questions? Call Craig Tutor at 1-800-574-9397.