

# Oregon Travel Information Council – Lodging 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:** \_\_\_\_\_

Service Type (select one):  Bed & Breakfast  Camping  Hotel  Motel  Resort

RV Park  Suites  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:**  Air Conditioning  Business Service Center  Cable TV  Exercise Equipment  
 Free Breakfast  Golf  High-Speed Internet  Kitchen  Kitchenettes  Movies  
 Newspaper  Restaurant  Room Service  RV Facilities  RV Friendly  Spa  
 Swimming Pool  Trucker Facilities

**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: \$ 150.00 per year.

**Mail your completed form to:**

Oregon Travel Information Council  
ATTN: Tripcheck Link Subscription  
1500 Liberty St, Se, Suite 150  
Salem OR 97302-4609

Questions? Call Harry Falisec at 1-800-574-9397.

FAX 503-378-6282

*Payment method:*

Check Enclosed  
 Invoice Me  
 Paid Online