



Oregon Travel Experience
1500 Liberty St. SE, Suite 150
Salem, OR 97302
503-378-4508 1-800-574-9397
503-378-6282 FAX
ortravelexperience.com



TripCheck – Food 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): ☐ Fine Dining ☐ Fast Food ☐ Family Casual ☐ Restaurant/Bar

☐ Bar/Pub/Tavern ☐ Other, Specify: _____

☐ Do not display for this listing

Cuisine Type (select one): ☐ American ☐ Chinese ☐ French ☐ German ☐ Indian ☐ Italian

☐ Japanese ☐ Lebanese ☐ Mediterranean ☐ Mexican ☐ Pizza ☐ Seafood ☐ Steak ☐ Thai

☐ 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

ADA Accessible: ☐ Yes ☐ No

Hours of Operation: *(1 paragraph, 250 characters max.)* _____

Fees: *(1 paragraph, 250 characters max.)* _____

Facility Description: *(1 paragraph, 400 characters max.)* _____

Amenities: *(can only show items from this list)*

☐ Banquets ☐ Catering ☐ Live Music ☐ Acting/Comedy ☐ RV Friendly

Payment Options: ☐ Cash ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express ☐ Check

Public Contact Info

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

Directions from Nearest Route (highway)

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

Map URL: _____

Directions from Route: *(1 paragraph)* _____

We can also include a small picture, or logo, for your business. *(We are limited to a picture width of no more than 150 pixels but will be happy to resize your picture for you.)*

Part 3: OTE 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:** _____

Subscription rate: \$ 150.00 per year.

Mail your completed form to:
Oregon Travel Experience
ATTN: Tripcheck Link Subscription
1500 Liberty St. SE, Suite 150
Salem OR 97302

or

Email: info@oregonte.com

or

Fax: 503-378-6282

Payment Method:

- ☐ Check Enclosed
☐ Invoice Me

Questions? Call 1-800-574-9397 and choose Sue VanHandel or zero for Operator