



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 – 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

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) 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

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 97302-4609

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