

travel PORTLAND

HOTEL & RESORT ORDER FORM

PLEASE TYPE OR PRINT CLEARLY

Business Name _____

Mailing address _____

City _____ State _____ ZIP _____ County _____

Physical (published) address _____

City _____ State _____ ZIP _____ County _____

Contact name _____ Title _____

Telephone () _____ Fax () _____

Toll-Free () _____ If you require a call before faxing, please check this box.

E-mail (for publication, if relevant) _____ E-mail (for contact) _____

Website _____

BILLING ADDRESS (if different from above) _____

City _____ State _____ ZIP _____ County _____

BILLING CONTACT NAME (if different from above) _____ Title _____

MINORITY-OWNED BUSINESS

African-American Asian-American Hispanic-American Native American Other Woman-Owned Business

GREEN CERTIFICATION

Green Certified Yes No Name of Certification _____ Expiration Date ____/____/____

PARTNER SERVICES (minimum purchase \$750)

Fee as per quote from Travel Portland Partner Services representative \$ _____

Processing Fee (mandatory, one-time only) [\$35] \$ 35.00

TOTAL INVESTMENT \$ _____

Cash Check # _____ Credit Card # _____ Exp. Date ____/____ security code _____
[by signature line on back]

CREDIT CARD BILLING ADDRESS _____

City _____ State _____ ZIP _____ County _____

I understand the enclosed payment entitles me to the benefits of these services for one year from the date of this application. In one year's time, I will be automatically billed for service renewal. I further understand that my partner services will be subject to automatic cancellation if payment is not received within 90 days after the date of first renewal invoice. Cancelled partners are subject to an additional \$35 administrative fee upon reinstatement. I agree to abide by the bylaws and policies of the Travel Portland board, subject to such duly enacted changes as may be adopted from time to time.

Authorized Signature

Print name

Date

[Travel Portland representative]

PROFILE

WHAT CREDIT CARDS DO YOU ACCEPT?

- All major cards Enroute (European) Carte Blanche MasterCard Diners Club
- Discover American Express JCB (Japanese) Visa

Number of rooms _____ Room rates range from \$ _____ to \$ _____

- _____ Airport shuttle _____ Porter/bellman
- _____ Business services _____ Restaurant
- _____ Cable _____ Room service
- _____ Complimentary breakfast _____ Sauna
- _____ Exercise room _____ Spa
- _____ Golf (nearby) _____ Smoking rooms
- _____ Golf (on-site) _____ Suites available
- _____ In-room spa _____ Telephone
- _____ Kitchenettes _____ Television
- _____ Laundry service _____ Tennis (on-site)
- _____ Lounge _____ Videos
- _____ Pay movies _____ Wheelchair access
- _____ Pets allowed _____ Wi-Fi
- _____ Pool

Distance from OCC _____ Distance from MAX _____



Select an additional category to be listed in the online directory at no additional charge (*see enclosed sheet*) _____

Please e-mail your hotel description and up to two images per listing to your Travel Portland Partner Services representative.

FOR OFFICE USE ONLY

Travel Portland representative _____ Processed date ____/____/____ Processed by _____

Hotel level: 1 2 3

Please mail your partner services order form to

TRAVEL PORTLAND

1000 S.W. Broadway, Suite 2300, Portland, OR 97205

or fax it to 503.275.9774.

If you have any questions, please call 503.275.9750.

revised 6/18/08