

# #SafeTravelsStamp Application Form



**Contact Name:**

First \_\_\_\_\_ Last \_\_\_\_\_

**Email:** \_\_\_\_\_

**Organization/Business Name:** \_\_\_\_\_

Please state your parent company (if relevant): \_\_\_\_\_

**Are you a TIAO member:** YES NO

**Are you an Association, Destination or Company? (Check one)**

- Association (E.g. Council, Group, Consortium, Coalition, etc.)
- Destination (E.g. DMO, City, Town, County, region representation)
- Company (E.g. Restaurant, hotel, tour operator, attraction, store)

**Website:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What protocols are you following?**

- [W TTC Global protocols](#) for: (select one)  
Hospitality Outdoor Shopping Tour Operators Airport Aviation  
Convention Centres, Meetings & Events Attractions Short Term Rental  
Car Rental Insurance Adventure Tourism
- DineSafe
- Safe Stay (Hotels)
- POST Promise
- Other (E.g. Parent organization, region public health): \_\_\_\_\_

**Would you like to receive TIAO's weekly newsletter?:** YES NO

I agree to #SafeTravelsStamp [Terms and Conditions](#):

Please send completed forms to [info@tiaontario.ca](mailto:info@tiaontario.ca)

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