

#SafeTravelsStamp Application Form

Name:

First

Last

Email:

Organization:

Please state your parent company (if relevant):

Are you a TIAO member?:

Are you an Association, Destination or Company?

- Association
- Destination
- Company

Website:

Address:

What protocols are you following?

- WTTC Global protocols for: _____
- DineSafe
- StaySafe
- POST Promise
- Other: _____

Would you like to receive our weekly newsletter?:

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

Please send completed forms to info@tiaontario.ca.