



RECEPTIVE OPERATORS & STEP-ON GUIDE SERVICES

GROUP TOUR PLANNING GUIDE



YES! Please include my listing in the 2011-2012 Group Tour Planning Guide. I have enclosed my check for \$225 with this completed form.

Make check payable to: **South Dakota Tourism**. Please put "GTP" in your check's memo section.

MAIL TO:

Vicky Engelhaupt
South Dakota Tourism
711 E. Wells Avenue
Pierre, SD 57501-3369

I am authorized to submit the enclosed information on behalf of our business. I understand a fee of \$225 must accompany my submission in order to be included in the guide.

NEW! Credit card (Visa / Mastercard) payments are now accepted. Go to www.SDVisit.com for information.

(Please type or print)

Name of Business: _____

Contact Person's Name: _____

Title: _____

Email Address: _____

Phone: _____

Signature: _____

Date: _____

NOTES:

Information must be returned no later than **Feb. 3, 2010**.

This is the **ONLY** application information you will receive.

THIS IS YOUR INVOICE

FOR OFFICE USE ONLY:

Date Received: _____

Check Received: Y N

Check Number: _____



YES!

Please include my listing in the 2011-2012 Group Tour Planning Guide.

(Please type or print all applicable fields)

Name of Business: _____

Contact Person's Name: _____

Mailing Address: _____

Street/Location: _____

City: _____

State: _____

Zip: _____

Phone: _____

Toll-Free: _____

Fax: _____

Email: _____

Website: _____

Social Media: Facebook Page _____ Twitter Handle _____

Blog Page _____ Other _____

TYPE OF SERVICE OFFERED: (check all that apply)

- Step-on Guide
- Complete Itinerary Planning
- Attractions Booking Services
- Complete Booking Service for hotels, attractions and all arrangements

Number of motorcoaches owned _____ Seating capacity _____

Number of vans owned _____ Seating capacity _____

ASSOCIATION MEMBERSHIPS:

- ABA NTA AAA Other _____

TOURISM REGION: (check one only)

- Black Hills, Badlands and Lakes Great Lakes
- Glacial Lakes and Prairies Southeast

AREA COVERED BY SERVICE: _____

BI-LINGUAL CAPABILITIES (LIST): _____

DESCRIPTION OF SERVICES:

Describe special services of your business. **(50 words max)** Note: Editing may be necessary due to space limitations. Your listing will be returned to you for final proofing.
