

Property Name:		
Primary Address <i>(must be a physical NC address):</i>		
City:	State: North Carolina	Zip <i>(Five Digit):</i>
Primary Telephone:	Toll-Free Telephone:	Fax:
<i>Circle: Business Home Cell</i>		
Property Description: <i>(max 1,000 characters including spaces, or approximately 125 words.)</i>		
Email:		
Web Address:		
Choose as many categories as apply:		
<input type="checkbox"/> Convention & Civic Centers <input type="checkbox"/> Cultural Trails & Tours <input type="checkbox"/> Museums <input type="checkbox"/> Music & Symphony <input type="checkbox"/> Outdoor Dramas	<input type="checkbox"/> Performers, Dance & Performing Troupes <input type="checkbox"/> Performing Arts Facilities <input type="checkbox"/> Playhouses & Theatres <input type="checkbox"/> Studios, Galleries & Art Centers	
Amenities available on property site: Choose as many as apply		
<input type="checkbox"/> Banquet Facilities <input type="checkbox"/> Catering Available <input type="checkbox"/> Donations Accepted <input type="checkbox"/> Free Parking	<input type="checkbox"/> Gift / Retail Shop <input type="checkbox"/> Group Rate Available <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Meeting Facility	<input type="checkbox"/> Motorcoach Parking <input type="checkbox"/> Reservation Deposit Required <input type="checkbox"/> Restaurant on Site <input type="checkbox"/> Tour – Guided <input type="checkbox"/> Tour – Self-Guided <input type="checkbox"/> Tour Group Greeter
Hours of Operation:	Season of Operation:	General Contact:
Group/Trade Contact:	Min # to Qualify for Group Rate:	Max Seating for Groups:
Meeting/Exhibit Space Sq Ft:	Max Seating Capacity:	Admission Charge:
Driving Directions:		
Thank you for taking the time to fill out this form. Please fax it back to your county contact:		