



**American Public Transportation Association**  
**2012 New & Small Starts Workshop**  
**Hyatt Regency Dallas**  
**Dallas, TX**  
**June 6, 2012**  
**1:00pm – 5:00 p.m.**

Mail/Fax to:  
 Meetings Department  
 APTA  
 1666 K Street, NW  
 11<sup>th</sup> Floor  
 Washington, DC 20006  
 FAX: 202-496-4331

## Workshop Registration Form

**Registration:** The registration fee for the FTA New & Small Starts Workshop is \$75, which includes all materials for the workshop. The registration fee is waived for Rail Conference registrants, but please register separately for the workshop.

There are no refunds for cancellations. You may transfer your registration fee at any time to another person in your organization attending the New & Small Starts Workshop. *You may also register anytime during the APTA Rail Conference.*

### PAYMENT

Please fill in this section. Enclose appropriate fee made payable to APTA. **Registrations will not be processed without payment.**

\_\_\_ Complimentary – (Rail Conference Attendees)      \_\_\_ \$75 per person (Workshop-Only Attendees)

\_\_\_ Check

### BADGE INFORMATION

**NOTE: Please complete registrant badge information carefully to avoid incomplete/incorrect information. Attach additional list if necessary.**

<p>1. _____ Name</p> <p>_____</p> <p>Nickname</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Company</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip</p> <p>_____</p> <p>Tel</p> <p>_____</p> <p>Fax</p> <p>_____</p> <p>E-mail</p> <p>_____</p> <p>Spouse/Guest (not applicable to fellow employees)</p> <p>_____</p>	<p>2. _____ Name</p> <p>_____</p> <p>Nickname</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Company</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip</p> <p>_____</p> <p>Tel</p> <p>_____</p> <p>Fax</p> <p>_____</p> <p>E-mail</p> <p>_____</p> <p>Spouse/Guest (not applicable to fellow employees)</p> <p>_____</p>
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### SUBMITTED BY:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate any disability requiring special accommodations: \_\_\_\_\_

\_\_\_\_\_