



**American Public Transportation Association  
2011 Risk Management Seminar  
Embassy Suites Des Moines – On The River  
Des Moines, IA  
June 19-22, 2011**

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

**Meeting Registration Form**

**Member Registration:** Your fee for the entire 2010 Risk Management Seminar is \$425 per person if payment is received by APTA on or before May 20<sup>th</sup>. After May 20<sup>th</sup>, the registration fee is \$475.

**Non-member registration:** Non-members may attend for a special introductory fee, which is the late registration fee plus \$500 (applied to dues if you join within three months). Call APTA's Membership Department at 202-496-4800 for details.

**Important Dates:**

- Early fee deadline – May 20
- Deadline for your name on the Registration List – June 13
- Pre-registration deadline – June 15
- Refund deadline – May 27
- Future conference credit deadline (illness or emergency only) – June 24

**Cancellation policy:**

Registration fees will be refunded if a request is received in writing and post-marked no later than May 27<sup>th</sup>. **A 20% cancellation fee will be withheld. There will be no refunds after the May 27 deadline.** In the event of a serious illness or emergency, you may qualify to have the registration fee, minus a 20% processing fee applied to a future meeting registration (must be used within one year) if a request is received in writing no later than June 24, 2011. **There will be no credits after the June 24<sup>th</sup> deadline.** You may transfer your registration fee at any time without penalty to another person in your organization attending the 2011 Risk Management Seminar.

**To Register Online:** Access the 2011 Risk Management Seminar through [www.apta.com](http://www.apta.com).

**PAYMENT**

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

\$425 per person (on or before 05/20/11)    
  \$475 per person (after 05/20/11)    
  Non-member - \$975 per person  
 Guest/Spouse Fee - \$125 per person  
 Check    
  Visa    
  MasterCard    
  AMEX    
  Diners Club    
  Discover  
 Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Cardholder's name \_\_\_\_\_

**BADGE INFORMATION**

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

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

Name \_\_\_\_\_  
Tel: \_\_\_\_\_ E-mail \_\_\_\_\_  
Please indicate any disability requiring special accommodations: \_\_\_\_\_  
\_\_\_\_\_