



**2012 State Public Transit Partnerships Conference**  
**Sax Chicago**  
**Chicago, IL**  
**August 14-16, 2012**

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

**Meeting Registration Form**

**Registration:** Your fee for the entire State Public Transit Partnerships Conference is \$325 if payment is received by APTA on or before July 3. After July 3, the registration fee is \$375.

**Cancellation Policy:** Registration fees will be refunded if a request is received in writing no later than July 17, 2012. **A 20% cancellation fee will be withheld. There will be no refunds after the July 17th deadline.**

**Important Dates:**

- Early Fee Deadline – July 3
- Pre-registration Deadline – August 6
- Refund Deadline – July 17
- Future conference credit deadline – August 28

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 conference (must be used within one year) if a request is received in writing no later than August 28, 2012. **There will be no credits after the August 28 deadline.** You may transfer your registration fee at any time without penalty to another person in your organization attending the 2012 State Public Transit Partnerships Conference.

**To Register Online:** Access State Public Transit Partnerships Conference 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.**

Check payments only

\_\_\_ \$325 per person (on or before 7/3/12)      \_\_\_ \$375 per person (after 7/3/12)

\_\_\_ Guest/Spouse Fee - \$125 per person (includes reception)

\_\_\_ Check here if you are MTAP (**Prior Authorization Required**)

**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 _____                  Email _____                  Spouse/Guest – fee applies (not applicable to fellow employees)</p>	<p>2. _____                  Name _____                  Nickname _____                  Title _____                  Company _____                  Address _____                  City, State, Zip _____                  Tel _____                  Fax _____                  Email _____                  Spouse/Guest – fee applies (not applicable to fellow employees)</p>
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**SUBMITTED BY:**

Name \_\_\_\_\_

Tel: \_\_\_\_\_ Email \_\_\_\_\_

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