



American Public Transportation Association
**2012 Sustainability and
 Public Transportation Workshop**
 Philadelphia Marriott Downtown
 Philadelphia, PA
 August 5-8, 2012

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

Federal Government Meeting Registration Form

Federal Government Registration: Your fee for the entire 2012 Sustainability and Public Transportation Workshop is \$225 per person.

Refund Policy: Registration fees will be refunded if a request is received in writing and post-marked no later than July 6, 2012. **A 20% cancellation fee will be withheld. There will be no refunds after the July 6 deadline.** In the event of a serious illness or emergency, you may qualify to have the registration fee, **minus the 20% processing fee**, applied to a future meeting (must be used within one year).

You may transfer your registration fee at any time without penalty to another person in your organization attending the 2012 Sustainability and Public Transportation Workshop.

Important Dates:
 Early Fee Deadline – June 29
 Refund Deadline – July 6
 Pre-registration Deadline – August 1

PAYMENT

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

___ \$225 per person - Federal Government rate
FOR GUESTS – Welcome Reception tickets will be sold on site @ \$50 per ticket.

This form is only accepted from those paying by **CHECK ONLY**. For those paying via credit card, please register online at www.apta.com.

BADGE INFORMATION

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

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

SUBMITTED BY:

Name _____

Company _____

Address _____

City, State, Zip _____

Tel: _____ Fax: _____

Please indicate any disability requiring special accommodations: _____