



American Public Transportation Association
**2011 Transit Board Members Seminar and
 Board Support Employee Development Workshop**
Hyatt Regency Jersey City
Jersey City, NJ
July 23 – 26, 2011

Mail/Fax to:
 Meeting Department
 APTA
 1666 K St. NW, 11th Floor
 Washington, DC 20006
 Fax: 202-496-4331

Hotel Reservation Form

Please read this information before completing your Room Reservation Request.

1. You must first be registered for the conference in order to get a reservation at the hotel. **THE HOTEL IS NOT ACCEPTING RESERVATION CALLS DIRECTLY.** Send in this form to APTA (not the hotel) where staff will verify receipt of your paid meeting registration, and then forward the reservation form to the hotel. You may submit your form to APTA the same time you submit your conference registration. The hotel will then process your reservation and send you an email confirmation. You may contact the hotel directly at 201-469-5500 for any changes or cancellations only after receiving your confirmation number.
2. Your reservation must be received by the hotel before June 24, 2011. After this date, all rooms will be released, and reservations will be accepted on a space- and rate-available basis. Please note that rooms may sell out prior to June 24, so early bookings are recommended.
3. A guarantee is required for each reservation. You may guarantee with a certified check or credit card.
4. If you cancel, you must notify the hotel by phone at least 48 hours before your arrival to avoid being charged.

ROOM RESERVATION REQUEST

Reservations must be received by June 24, 2010. Make certified check for deposit payable to the Hyatt Regency Jersey City.

Check enclosed
 Charge my: Visa MasterCard American Express Diners Discover
 Account No. _____ Exp. Date _____ Signature _____

Please type name(s) of person(s) to occupy room(s). Indicate choice of room type(s). Rates do not include tax.

Room Occupant(s)	Room Request	Arrival Day/Date	Departure Day/Date
	<input type="checkbox"/> Single \$179 <input type="checkbox"/> Double \$179 <small>Note: All Sleeping room are Non-Smoking Occupancy tax is 14%</small>		
1.			
2.			

Confirm to _____ Company _____
 Address _____
 City, State, Zip _____ Tel _____ Fax _____
 E-mail _____

Please indicate any disability that will require special accommodations _____