



American Public Transportation Association

2014 Public Transportation & Universities Conference
I Hotel and Conference Center
Champaign, IL
March 29-April 1, 2014

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

MEETING REGISTRATION FORM

Member Registration: Your fee for the entire 2014 Public Transportation & Universities Conference is \$525 per person if payment is received by APTA on or before February 21. After February 21 the registration fee is \$575. Students pay \$175 with a valid student ID. The \$175 student fee DOES NOT apply to university faculty or staff.

Important Dates:

Early Fee Deadline - February 21
Pre-registration Deadline - March 24

Registration fees will be refunded if a request is received in writing and post-marked no later than March 10, 2014. A 20% cancellation fee will be withheld. There will be no refunds after the March 10 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 2014 Public Transportation & Universities Conference.

To Register Online: Access the 2014 Public Transportation & Universities Conference through www.apta.com.

PAYMENT

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

___ \$525 per person (on or before 2/21/14) ___ \$575 per person (after 2/21/14)

___ CHECK ONLY

BADGE INFORMATION

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

Form with two columns for registrant information: 1. Name, Nickname, Title, Company, Address, City, State, Zip, Tel, Fax, E-mail, Spouse/Guest; 2. Name, Nickname, Title, Company, Address, City, State, Zip, Tel, Fax, E-mail, Spouse/Guest.

SUBMITTED BY:

Form for submitted by information: Name, Company, Address, City, State, Zip, Tel, Fax.

Please indicate any disability that will require special accommodations: