



AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

2012 ANNUAL MEETING

Sheraton Seattle & Washington State Convention Center
Seattle, WA

September 30 – October 3, 2012

MEETING REGISTRATION FORM

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

Member Registration: Your fee for the entire 2012 Annual Meeting is \$650 per person if payment is received by APTA on or before August 17, 2012 and after August 17 the registration fee is \$700 per person. The fee for spouses/guest is \$125 per person.

Registration fees will be refunded if a request is received in writing and post-marked no later than August 31, 2012. **A 20% cancellation fee will be withheld. There will be no refunds after the August 31st 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) if a request is received in writing no later than **October 15th, 2012**. You may transfer your registration fee at any time without penalty to another person in your organization attending the 2012 Annual Meeting.

Important Dates:

Early fee ends: August 17
Pre-registration ends: September 24
Refund deadline – August 31
Future conference credit deadline (illness or emergency only) – October 15

Non-member Registration: Non-members may attend for a special fee. The special fee is the late registration fee plus \$500 (Applied to dues if you join within 3 months). Call APTA's Membership Department 202-496-4800 for details.

To Register Online: Access the 2012 Annual Meeting through www.apta.com

CHECK PAYMENT

Enclose appropriate fee made payable to APTA. Registrations will not be processed without payment.

\$650 per person (on or before 8/17/12) \$700 per person (after 8/17/12) \$1,200 per person (Non-member)

\$125 per person Spouse/Guest Fee (includes Welcome Reception, Showcase Lunch, WTS Breakfast)
(\$75 Spouse/Guest Welcome Reception Only tickets can be purchased on-site)

Check Purchase Order

BADGE INFORMATION

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

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

Name _____ Company _____
Address _____ City, State, Zip _____
Tel: _____ Fax: _____
Email: _____

Please indicate if you have any disability for which you will require special accommodations: _____