

**American Public Transportation Association  
ITS Transit Best Practices Workshop**

**Sheraton Detroit Metro Airport  
Detroit, MI  
November 13 - 14, 2013**

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

**Meeting Registration Form**

**Member Registration:** Your fee for the entire ITS Transit Best Practices Workshop is \$75. No refunds will be accepted for this workshop. You may; however, transfer your registration at anytime to another individual in your organization.

**To Register Online:** Access the ITS Transit Best Practices Workshop through [www.apta.com](http://www.apta.com)

**CHECK PAYMENT**

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

\_\_\_ \$75 per person      \_\_\_ Total

This form is only accepted from those paying by **CHECK ONLY**. For those paying via credit card, please register online at [www.apta.com](http://www.apta.com).

**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) \_\_\_\_\_

**SUBMITTED BY:**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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