



**American Public Transportation Association  
2011 New & Small Starts Workshop  
JW Marriott Hotel  
Washington, DC  
March 16, 2011  
8:30 a.m. – 12:30 p.m.**

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

**On-site registration opens at 8 a.m.**

**Workshop Registration Form**

**Registration:** The registration fee for the FTA New & Small Starts Workshop is \$75, which includes breakfast and materials for the workshop. The registration fee is waived for Legislative Conference registrants, but please register separately for the workshop.

There are no refunds for cancellations. You may transfer your registration fee at any time to another person in your organization attending the New & Small Starts Workshop. *You may also register anytime during the APTA Legislative Conference.*

**PAYMENT**

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

\_\_\_ Complimentary – (Legislative Conference Attendees)      \_\_\_ \$75 per person (Workshop-Only Attendees)

\_\_\_ Check      \_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ AMEX      \_\_\_ Diners Club      \_\_\_ Discover

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Print Name \_\_\_\_\_

**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)

2. \_\_\_\_\_  
Name \_\_\_\_\_  
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Nickname \_\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_  
\_\_\_\_\_  
Company \_\_\_\_\_  
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Spouse/Guest (not applicable to fellow employees)

**SUBMITTED BY:**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Please indicate any disability requiring special accommodations: \_\_\_\_\_  
\_\_\_\_\_