



American Public Transportation Association
 2022 High-Speed Rail Conference
 Philadelphia Marriott Downtown
 March 30 – April 1, 2022

Mail to:
 APTA
 1300 I Street, NW
 Suite 1200 East
 Washington, DC 20005
Email: aatkins@apta.com

Registrant Information (one registrant per form)

Name: **(First)** _____ **(Middle Initial)** _____ **(Last)** _____

Badge Name (if different from above): _____

Title: _____

Organization: _____

Mailing Address: _____

Telephone: _____ Email: _____

Spouse/Guest **(if attending)** _____
(Additional fee required: see below)

Please indicate if you have special dietary needs or require accessibility accommodation _____

Registration Fees: (select one)

Registration Category	Early-Bird Rate (by 2/23/22)	Standard Rate (after 2/23/22)	Onsite Rate (3/30 – 3/31/22)
<input type="checkbox"/> Member	<input type="checkbox"/> \$795	<input type="checkbox"/> \$845	<input type="checkbox"/> \$920
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,045	<input type="checkbox"/> \$1,120
<input type="checkbox"/> Federal Government/ Academic	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575
<input type="checkbox"/> Spouse/Guest	<input type="checkbox"/> \$125 <i>Includes Welcome Reception only. Not applicable to fellow employees or industry professionals.</i>		
No Fee Category	Selecting one of the categories listed below requires pre-approval from APTA or additional verification. Please note that you will have limited access to the conference, including no meals. If you would like to have full access to the conference, please select one of the registration categories above.		
<input type="checkbox"/> Speaker Only	Valid only for session(s) in which you are presenting		
<input type="checkbox"/> Media	Please submit the Media Registration Request form for media registration approval		
<input type="checkbox"/> Student	Copy of valid student ID must accompany this form		

Payment Summary

Registrations paid by check will **NOT** be processed without full payment. To pay by credit card, register online at www.apta.com

- Check – Include this form with your payment
- I would like to apply a credit from a previous meeting. **(Attach credit letter with this registration form)**

Registration Fee(s): \$ _____

Spouse/Guest Fee: \$ _____

Total: \$ _____

Cancellation and Data Management Policies

Worry Free Registration: Cancellations or refunds requested on or prior to March 23 will receive a full refund. After March 23, a 20% cancellation fee will be withheld. You may transfer your registration fees anytime without penalty to another person in your organization.

Data Management: The American Public Transportation Association (APTA) may collect, store, and/or transmit personal identifiable information to facilitate registration services. For more information, please see APTA’s Privacy Policy on apta.com.

By completing and submitting this registration form, I agree to the cancellation and data management policies.

COVID Acknowledgement

I understand and acknowledge the inherent risk of exposure to communicable disease, like Covid-19 and its variants, in any public place where people are present. I agree to release and hold harmless the American Public Transportation Association (APTA), the facilities and their employees and representatives from and against damages, liability, claims and expenses arising from the contraction or spread of disease, including but not limited to Covid-19 and its variants, due to my travel to or participation in any aspect of this APTA event. Further, I acknowledge federal, state, and local laws, orders, directives, and guidelines related to Covid-19 and its variants, including the Centers for Disease Control and Prevention guidance. I will comply with all such orders, directives, and guidelines while participating in any aspect of this APTA event including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings. I agree not to participate in any aspect of this APTA event if I am experiencing symptoms of Covid-19 or its variants (such as cough, shortness of breath, or fever), have a confirmed or suspected case of Covid-19 or its variants, or have come in contact in the last 14 days with a person who has been confirmed to have or suspected of having Covid-19 or its variants.