



American Public Transportation Association
 2019 TRANSform Conference Registration Form
 Marriott Marquis
 New York, NY
Pre-registration deadline: October 4th

Mail check with this form to:
APTA
1300 I Street, NW
Suite 1200 East
Washington, DC 20005

Your registration will NOT be processed if this form is not included with your CHECK payment

Contact Information (One Form Per Registrant)

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

Badge Name (if different from above): _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State/Prov.: _____ Zip _____ Country: _____

Telephone: _____ Email: _____

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

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

For business members, do you consider yourself a Small Business? ___(yes)/___(no)

Registration Type	Early Fee (Paid by 8/23/19)	Standard Fee (Paid after 8/23/19)	Onsite Fee (Registered after 10/4/19)
<input type="checkbox"/> Member	\$975	\$1100	\$1175
<input type="checkbox"/> Non-Member	\$2500	\$2500	\$2625
<input type="checkbox"/> Federal Government	\$500	\$500	\$575
<input type="checkbox"/> University	\$450	\$450	\$575
<input type="checkbox"/> Spouse/Guest (includes Welcome Reception, Products & Services Showcase Lunch and Wednesday Wake-Up Breakfast) <i>Not applicable to fellow employees or industry professionals.</i>	\$200	\$200	\$200

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 types above.

Media (email vmiller@apta.com for approval)

Speaker (valid only for the session(s) in which you are speaking) Email form to kspence@apta.com

Student (valid student ID must be presented with form) Email form to kspence@apta.com

Payment

Payment must accompany this registration in the form of a **CHECK ONLY**. To make a payment using your credit card you must register online at APTA.com.

I would like to apply a credit from a previous meeting. (Attach credit letter with this registration form)

Registration Fee: \$ _____

Total Due: \$ _____

Cancellation and Refund Policy

Registration fees will be refunded if a request is received in writing by September 20, 2019. A 20% cancellation fee will be withheld. **There will be no refunds after the September 20th deadline.**

By completing and submitting this Registration form, I agree to the registration deadline and cancellation policies.