



**AMERICAN PUBLIC TRANSPORTATION ASSOCIATION
2019 MOBILITY CONFERENCE: APTA's ENHANCED
BUS & PARATRANSIT CONFERENCE
Louisville, KY
May 21, 2019**

<p>Return by April 5, 2019 Meetings Department APTA Suite 1200 East 1300 I Street, NW, Washington, DC 20005 FAX: 202-496-4331</p>
--

**PRODUCTS & SERVICES SHOWCASE
RESERVATION FORM**

In order to participate in the Mobility Products & Services Showcase you must be an APTA member in good standing and fully paid for the exhibit space at the staging of the event. The deadline for reservations is **April 5, 2019. Save \$150 by reserving your booth by March 8, 2019.** Fees will be refunded if a request is received in writing no later than **April 26, 2019. A 20% cancellation fee will be withheld. There will be no refunds after April 26. All attendees must be registered for either the Mobility Conference or as a Showcase only attendee.** The Showcase Only registration form is included in the exhibitor manual and can be found on our web site at www.apta.com. The Exhibitor Manual will be posted on-line.

PRODUCTS & SERVICES SHOWCASE – Tuesday, May21 -- 10:30am – 2:00pm

10' x 10' Booth -- All 10' x 10' Booth Packages include:

- One Complimentary Exhibitor Badge, Pipe and Drape, One 6'x30" Table and Two chairs (ballroom is carpeted)
- The fee for the Products & Services Showcase includes promotion in a special APTA 2019 Mobility Conference Products & Services/Bus Display pre-event publication. **Publication materials must be submitted by April 1st to be included.**

Web site for publication: _____

___ 10' x 10' **Early Bird Showcase Registration -- \$1,650** – Payment must be received by 3/8/19 \$ _____

___ 10' x 10' **Showcase Registration -- \$1,800** -- After 3/8/19 \$ _____

Welcome Reception – \$75 \$ _____
Sunday, May 19, 2019 – 6:30pm – 7:30pm

Bus Display ticket – \$200.00 \$ _____
Monday, May 20, 2019 – 11:00am – 4:00pm (includes lunch)

TOTAL: \$ _____

Payment

___ Check enclosed ___ Visa ___ MasterCard ___ AMEX ___ Discover

Account No. _____ Exp. Date _____ Cardholder's name _____

Exhibitor Badge (included with purchase of a booth and is valid for the show floor ONLY)

Name _____ Title: _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Tel: _____ Fax: _____

PLEASE NOTE: Space is assigned by APTA on a first come, first served method when accompanied with payment.

Please do not place me next to these companies: _____

Submitted by:

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Tel _____ Fax _____

E-mail _____

Exhibitor Manual: Link will be posted online at www.apta.com after 3/8/19.

Name _____ E-mail _____

**If you are interested in sponsorship opportunities,
please contact Heather Rachels at hrachels@apta.com or 202-496-4838.**