



**American Public Transportation Association**  
2019 Mid-Year Safety Seminar  
December 2-5, 2019  
Courtyard by Marriott  
Seattle, WA

Mail to:  
APTA  
1300 I Street, NW  
Suite 1200 East  
Washington, DC 20005  
Email: [kspence@apta.com](mailto:kspence@apta.com)

**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.

\_\_\_\_\_

Registration Type	Early Fee (Paid by 11/1/19)	Standard Fee (Paid after 11/1/19)	Onsite Fee
Member	\$575	\$625	\$700
Non-Member	\$1200	\$1200	\$1250
Federal Government	\$500	\$500	\$575

**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](http://APTA.com).

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

Registration Fee: \$ \_\_\_\_\_

Ticketed Events: \$ \_\_\_\_\_

**Total Due: \$ \_\_\_\_\_**

**Cancellation and Refund Policy**

Registration fees will be refunded if a request is received in writing by November 8, 2019. A 20% cancellation fee will be withheld.  
**There will be no refunds after the November 8<sup>th</sup> deadline.**

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