



American Public Transportation Association  
2020 Marketing & Communications Workshop  
Grand Floridian  
Orlando, FL  
February 23-26, 2020

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

**Registrant Information (one registrant per form)**

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 Fees: (select one)**

Registration Category	Early-Bird Rate (by 1/17/20)	Standard Rate (after 1/17/20)	Onsite Rate (2/23 – 2/26)
<input type="checkbox"/> Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$745	<input type="checkbox"/> \$820
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,075
<input type="checkbox"/> Federal Government	<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 &amp; Marketing Exchange 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.

- ☐ Media **-must be approved by APTA by emailing [cchitwood@apta.com](mailto:cchitwood@apta.com)**
- ☐ Speaker Only **-valid only for session(s) in which you are presenting**
- ☐ 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](http://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 Policy**

Registration fees will be refunded, minus a 20% cancellation fee if a request is received in writing and post-marked no later than February 4, 2020. **There will be no refunds after the February 4 deadline.**

By completing and submitting this registration form, I agree to the registration deadlines and cancellation policy.