



**American Public Transportation Association**  
 2019 APTATech Conference  
 Hyatt Regency Columbus  
 Columbus, OH  
 September 15-18, 2019

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

<input type="checkbox"/> Member	<input type="checkbox"/> \$695 (by 8/15/19)	<input type="checkbox"/> \$745 (after 8/15/19)	<input type="checkbox"/> \$820 (onsite fee)
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$2,000 (pre-registration rate)	<input type="checkbox"/> \$2,050 (onsite rate)	
<input type="checkbox"/> Federal Government	<input type="checkbox"/> \$500 (pre-registration rate)	<input type="checkbox"/> \$575 (onsite rate)	
<input type="checkbox"/> Spouse/Guest	<input type="checkbox"/> \$125 (includes Monday lunch and Welcome Reception. Not applicable to fellow employees or industry professionals)		

**No fee Special 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 to the left.

- Media (must be approved by APTA)
- Speaker (valid only for session in which you are speaking)
- Student (valid student ID must be returned with this form)

**Pre-registration will close after Tuesday, September 10. Registrations must be done onsite after September 10.**

<b>Payment Summary</b>	<b>Cancellation Policy</b>
Registrations paid by check will <b>NOT</b> be processed without full payment. To pay by credit card, register online at <a href="http://www.apta.com">www.apta.com</a>  <input type="checkbox"/> Check – Include this form with your payment  <input type="checkbox"/> I would like to apply a credit from a previous meeting. ( <b>Attach credit letter with this registration form</b> )  Registration Fee: \$ _____  Guest Registration \$ _____ <b>Total Due: \$</b> _____	Registration fees will be refunded, minus a 20% cancellation fee if a request is received in writing and post-marked no later than August 23, 2019. <b>There will be no refunds after the August 23 deadline.</b>  By completing and submitting this Registration form, I agree to the registration deadline and cancellation policies.