

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

Registrant Information (one registrant per form)				
Name: (First)(Middle		ddle Initial) (Last)		
Badge Name (if different from above):				
Title:				
Organization:				
Mailing Address:				
City:	State/Prov	v.: Zip	Country:	
Telephone:	ephone:Email:			
Spouse/Guest (if attending)(additional fee required: see below)				
\Box Please indicate below if you have special dietary needs or require accessibility accommodation.				
Registration Fees: (select one)				
☐ Member	□ \$695 (by 8/15/19)	□ \$745 (after 8/15/19)	□ \$820 (onsite fee)	
□ Non-Member	□ \$1,350 (pre-registration rate)	☐ \$1,350 (onsite rate)		
☐ Federal Government	□ \$500 (pre-registration rate)	□ \$575 (onsite rate)		
□ Spouse/Guest	□ \$125 (includes Monday lunch and Welcome Reception. Not applicable to fellow employees or industry professionals)			
Pre-registration will close after Tuesday, September 10. Registrations must be done onsite after September 10.				
Payment Summary		Cancellation Policy		
Registrations paid by check will <i>NOT</i> be processed without full payment. To pay by credit card, register online at www.apta.com			Registration fees will be refunded, minus a 20% cancellation fee if a request is received in writing and post-marked no later than	
☐ Check — Include this form with your payment			August 23, 2019. There will be no refunds after the August	
\Box I would like to apply a credit from a previous meeting. (Attach credit letter with this registration form)			By completing and submitting this Registration form, I agree to the registration deadline and cancellation polices.	
Registration Fee: \$				
Guest Registration \$ Total Due: \$				