

American Public Transportation Association 2022 Mid-Year Safety and Security & Risk Management Seminar Sheraton Phoenix December 4-7, 2022

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 Initial) (Last)						
Badge Name (if different from above):						
Title:						
Organization:						
Mailing Address:						
City: State/Prov.:					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				COVID Acknowledge	ement	
Registration Category	Early Bird Rate (by 11/11/22)	Standard Rate (after 11/11/22)	Onsite Rate		vledge the inherent risk of exposure to Covid-19 and its variants, in any public	
☐ Member	□ \$575	□ \$625	□ \$725	place where people are present. I agree to release and hold harmless the American Public Transportation Association (APTA), the facilities and their employees and representatives from and against damages,		
□ Non-Member	□ \$1,200	□ \$1,200	□ \$1,325			
□ Federal	□ \$275	□ \$275	□ \$375		es arising from the contraction or spread of	
Gov/Univ Faculty	□ ¢125			disease, including but not li	mited to Covid-19 and its variants, due to	
☐ Spouse/Guest <i>Includes reception</i>	□ \$125				in any aspect of this APTA event. Further,	
only.					e, and local laws, orders, directives, and 19 and its variants, including the Centers	
No fee Category – Selecting one of the categories listed below requires pre-approval from APTA. 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 tdoyle@apta.com Speaker -valid only for session(s) in which you are presenting Student -copy of valid student ID must accompany this form				for Disease Control and Prevention guidance. I will comply with all such orders, directives, and guidelines while participating in any aspect of this APTA event including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings. I agree not to participate in any aspect of this APTA event if I am experiencing symptoms of Covid-19 or its variants (such as cough, shortness of breath, or fever), have a confirmed or suspected case of Covid-19 or its variants, or have come in contact in the last 14 days with a person who has been confirmed to have or suspected of having Covid-19 or its variants.		
Payment Summary					ta Management Policies	
Registrations paid by check will <i>NOT</i> be processed without full				Cancellation: Registration fees will be refunded if a request is received in writing and post-marked no later than November 18, 2022. There will be no refunds after the November 18 deadline.		
payment. To pay by credit card, register online at 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)				Data Management: The American Public Transportation Association (APTA) may collect, store, and/or transmit personal identifiable information to facilitate registration services. For more information please see APTA's Privacy Policy on apta.com.		
Registration Fee(s): \$						
Spouse/Guest Fee: \$						
Total:	Total: \$				nitting this registration form, I agree to	